



## **MILWAUKEE COUNTY**

### **DEPARTMENT OF ADMINISTRATIVE SERVICES: OFFICE FOR PERSONS WITH DISABILITIES**

#### **YEAR 2013 REQUEST FOR PROPOSAL PURCHASE OF SERVICE GUIDELINES**

**Issued August 17, 2012  
Proposal due date, October 3, 2012  
Notice Number: 6767**

Ver. 8/17/12

**DEPARTMENT OF ADMINISTRATIVE SERVICES: OFFICE FOR PERSONS WITH  
DISABILITIES**



August 17, 2012

To: Community Agencies, Organizations and Interested Parties

The Milwaukee County Department of Administrative Services: Office for Persons with Disabilities (DAS:OPD) invites community agencies, organizations and interested parties to participate in the Request for Proposal (RFP) process by submitting applications for provision of recreation/respite programs to be purchased in the years beginning in 2013 through 2016. The Office welcomes new prospective vendors to participate in this RFP process.

Application materials (*Program Requirements* and *Technical Requirements*) will be available in electronic format. CD-ROMs may be picked up between 8:30 AM to 4:30 PM, beginning **Friday, August 17, 2012** at the Milwaukee County Courthouse, Room 307 B., 901 N. 9 Street, Milwaukee WI 53233. Materials may also be downloaded at: <http://county.milwaukee.gov/DASOPD2013RFP>

All applications for funding in response to this RFP must be received by the DEPARTMENT OF ADMINISTRATIVE SERVICES: OFFICE FOR PERSONS WITH DISABILITIES no later than 4:30 p.m. on **Wednesday, October 3, 2012**. No extensions will be granted for submission of proposals unless approved by the Disabilities Recreation Manager of the DEPARTMENT OF ADMINISTRATIVE SERVICES: OFFICE FOR PERSONS WITH DISABILITIES and the County Board Policy Committee.

Applications may be mailed or delivered to:

**Office for Persons with Disabilities  
Attention: Mike Bonk  
901 N. 9<sup>th</sup> Street,  
Room 307 B., Milwaukee, WI 53233**

Following the application review process outlined in the *Technical Requirements*, contract award recommendations will be presented for approval to the County Board Committee on Health and Human Needs. The County Board of Supervisors may modify or reject the funding recommendations and the County Executive may veto, in part, or whole, the County Board's action.

To receive information or assistance, please contact the following person: Mike Bonk, (414) 278-3938.

Thank you for your interest in the Milwaukee County DEPARTMENT OF ADMINISTRATIVE SERVICES: OFFICE FOR PERSONS WITH DISABILITIES RFP process.

Sincerely,

Mike Bonk  
Disabilities Recreation Manager  
Milwaukee County OFFICE FOR PERSONS WITH DISABILITIES

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## **SECTION 1:**

### **INTRODUCTION**

## 1. INTRODUCTION

Welcome to the Year 2013 Request for Proposal (RFP) process. The technical requirements set forth in these guidelines apply to proposals submitted for funding programs under the DEPARTMENT OF ADMINISTRATIVE SERVICES: OFFICE FOR PERSONS WITH DISABILITIES. The programs for purchase are described in the *Year 2013 Purchase of Service Guidelines: Program Requirements*.

The DEPARTMENT OF ADMINISTRATIVE SERVICES: OFFICE FOR PERSONS WITH DISABILITIES' Request for Proposal (RFP) process begins with the mailing of an 'Interested Parties' letter to all current contractors and interested parties on the DEPARTMENT OF ADMINISTRATIVE SERVICES: OFFICE FOR PERSONS WITH DISABILITIES (DAS:OPD) mailing list maintained by OPD staff.

Applications will be accepted for the program described in the Year 2013 Purchase of Service Guidelines: Program Requirements. The APPLICATION FORMAT information is organized into separate sections, each of which contains items to be submitted in the application. Instructions and forms are included in each section; forms can also be found on the Contract Administration web page at:

[Http://county.milwaukee.gov/DASOPD2013RFP](http://county.milwaukee.gov/DASOPD2013RFP)

Updates and revisions to this and other RFP related publications will occur through the application deadline.

***ALL APPLICATIONS WILL BE EVALUATED AS DESCRIBED IN THE "OVERVIEW OF PROPOSAL REVIEW PROCESS" FOUND AT PART 4 OF TECHNICAL REQUIREMENT.***

**SECTION 2:**  
**RFP INFORMATION**

## 2. RFP INFORMATION

The Manager for this RFP is Mike Bonk

**Address:**

Mike Bonk,  
Milwaukee County DEPARTMENT OF ADMINISTRATIVE SERVICES  
OFFICE FOR PERSONS WITH DISABILITIES  
901 N. 9<sup>th</sup> Street, Room 307 B.,  
Milwaukee, WI 53233  
Tel. 414-278-3938  
Fax. 414-278-3939  
Email: [Michael.Bonk@milwcnty.com](mailto:Michael.Bonk@milwcnty.com)

### INQUIRIES, QUESTIONS AND RFP ADDENDA

Proposers are expected to raise any questions they have concerning the RFP and appendices (if any) during this process. If a Proposer discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this RFP, the Proposer must immediately notify the RFP Manager of such error and request modification or clarification of the RFP.

Proposers must submit their questions via email to [Michael.Bonk@milwcnty.com](mailto:Michael.Bonk@milwcnty.com) on or before **September 6, 2012**. **All questions must cite the appropriate RFP section and page number.**

It is the intent of the County that these questions will be answered and posted on: [Http://county.milwaukee.gov/DASOPD2013RFP](http://county.milwaukee.gov/DASOPD2013RFP) on or before **September 6, 2012**.

In the event that a Proposer attempts to contact, orally or in writing, any employee or representative of Milwaukee County other than Mike Bonk or other Persons mentioned as Contacts in interested party letter on any matter related to the proposal, the proposer may be disqualified.

If a Proposer discovers an error (which includes ambiguity, mistake, conflict, discrepancy, omission or other deficiency) in this RFP which prejudices the Proposer's ability to respond definitively to the proposal request, or which might prejudice satisfactory performance under a Contract containing the RFP provision(s) in question, the Proposer must immediately notify Mike Bonk in writing requesting modification or clarification of the proposal request.

No revisions to this proposal request may be made unless in the form of an official addendum issued by Milwaukee County. In the event that it becomes necessary to

provide additional clarifying data or information, or to revise any part of this RFP, addenda will be posted to Website:

[Http://county.milwaukee.gov/DASOPD2013RFP](http://county.milwaukee.gov/DASOPD2013RFP). **Proposers must check the website for posted addenda; they are encouraged to check daily.**

If, prior to the date fixed for the submission of proposals, a Proposer fails to notify Purchaser of an error about which it knew or should have known, and if a Contract is awarded to the Proposer, the Proposer shall not be entitled to additional compensation or time by reason of the error or its later correction.

The provisions of the proposal of the successful Proposer will become contractual obligations. Failure or refusal of the successful Proposer to accept these obligations in a contractual agreement may result in cancellation of the award.

### **REASONABLE ACCOMMODATIONS**

The County will provide reasonable accommodations, including the provision of informational material in alternative format, for qualified individuals with disabilities upon request. If the Proposer needs accommodations, please contact the RFP Manager.

### **ESTIMATED TIMETABLE FOR RFP**

The key RFP dates are outlined in the table below titled "RFP Schedule." In the event that the County finds it necessary to change any of the specific dates and times in the calendar of events listed, it will do so by issuing an addendum to this RFP **which will be posted to Website at: <http://www.county.milwaukee.gov/Corrections22671.htm>.**

Proposals are due by **4:30 PM CST on October 3, 2012.**

#### **RFP Schedule**

<b>RFP Milestones</b>	<b>Completion Dates</b>
RFP issue date	August 17, 2012
Question and Answer Session (Pre-Proposal Conference)	September 6 <sup>th</sup> , 2012; 9 AM
Written Proposals due	October 3, 2012; 4:30 PM CST

### **SUBMITTING THE PROPOSAL**

All applications for funding **must be received** by the DAS:OPD **no later than 4:30 p.m. on Friday, October 3, 2012.** Late proposals will be rejected. Applications must be mailed or delivered to:

**Milwaukee County DAS:OPD, 901 N. 9th Street, Room 307 B., Milwaukee WI 53233**

All applications must be typed and submitted in Microsoft Word, using the format and the forms presented in this outline, the DAS:OPD website, or the CD-ROM. All pages



are to be numbered chronologically, with each requested item on a separate page. **WITH RARE EXCEPTION, ALL SUBMISSION REQUIREMENTS APPLY TO ALL PROGRAMS.** If there is any question about the applicability of a particular submission item, contact Mike Bonk. In case an item is determined **not** to be applicable, include a separate page in the appropriate place indicating this is the case and with whom you spoke. If a separate page is **not** included with this information and the item is **not** submitted with the application, it will be considered an omission. Points will be deducted during the proposal scoring process for all omissions, and depending upon which items are missing, the entire application may be removed from consideration.

Vendors applying for the **programs** must submit one original plus **four** copies of the complete application for the program must also be submitted as a Microsoft Word document.

**The County reserves the right to amend or withdraw this RFP at any time without notice or penalty.** If it becomes necessary to revise any part of this RFP, or if additional data is necessary for an exact interpretation of provisions of this RFP prior to the due date for Proposals, the RFP Manager will post addenda to the County website at:

[Http://county.milwaukee.gov/DASOPD2013RFP](http://county.milwaukee.gov/DASOPD2013RFP) such addenda issuance is necessary, the County reserves the right to extend the due date and time of Proposals to accommodate such interpretations or additional data requirements. Therefore, the **County encourages all Proposers to access the RFP on the County website daily** to ensure that Proposer is kept up-to-date on any and all changes to the RFP.

## **MODIFICATION OF PROPOSAL**

A Proposal is irrevocable until the Contract is awarded, unless the Proposal is withdrawn. Proposers may withdraw a Proposal in writing at any time up to the Proposal closing date and time.

To accomplish this, a written request must be signed by an authorized representative of the Proposer and submitted to the RFP Manager. If a previously submitted Proposal is withdrawn before the Proposal due date and time, the Proposer may submit another at any time up to the closing date and time.

## **INCURRING COSTS**

Neither Milwaukee County nor its Authorized Representatives are responsible for expenses incurred by a Proposer to develop and submit its Proposal. The Proposer is entirely responsible for any costs incurred during the RFP process, including site visits for discussions, face to face interviews, presentations or negotiations of the Contract.

## **RENEWAL/DATES OF PERFORMANCE**

Contractor shall begin work on January 1, 2013 and terminate December 31, 2015, unless the Contract is otherwise renewed or extended.

Obligations of DAS:OPD shall cease immediately and without penalty or further payment being required, if in any fiscal year, DAS:OPD, state, or federal funding sources fail to appropriate or otherwise make available adequate funds for any contract resulting from this RFP.

## **MISCELLANEOUS**

The Contractor shall agree that the Contract and RFP shall be interpreted and enforced under the laws and jurisdiction of the State of Wisconsin and will be under Jurisdictions of Milwaukee Courts.

**Living Wage:** Milwaukee County has a goal that all Purchase of Service contractors pay a Living Wage of no less than \$8.49 per hour to all full-time skilled and unskilled workers employed in any work performed as part of a Milwaukee County purchase contract. While not a requirement, payment of a living wage will be one of the criteria upon which Proposers shall be evaluated in the review and scoring of proposals

**RFP Document:** Applications submitted by an agency become the property of Milwaukee County upon submission. For agencies awarded a contract, the application material submitted is placed in an agency master file that becomes part of the contract with the Milwaukee County DEPARTMENT OF ADMINISTRATIVE SERVICES: OFFICE FOR PERSONS WITH DISABILITIES (DAS:OPD). Successful application material becomes public information and is subject to the open records law only after the procurement process is completed and a contract is fully executed. Prior to the granting of contract awards and the full execution of a contract, the application is considered a "draft" and is not subject to the open records law except to the appellant to the award, subject to the proprietary information restriction as detailed below.

## **PROPRIETARY INFORMATION:**

Any restriction on the use of data contained within a request must be clearly stated in the Proposal itself. Proprietary information submitted in response to a request will be handled in accordance with applicable State of Wisconsin procurement regulations and the Wisconsin public records law. Proprietary restrictions normally are not accepted. However, when accepted, it is the vendor's responsibility to defend the determination in the event of an appeal or litigation.

Data contained in a Request for Proposal, all documentation provided therein, and innovations developed as a result of the contracted commodities or services cannot be copyrighted or patented. All data, documentation and innovations become the property of Milwaukee County Department of Human Services.

Any materials submitted by the Proposer in response to this Request for Proposal that the Proposer considers confidential and proprietary information and which qualifies as a trade secret, as provided in s. 19.36(5), Wis. Stats, or material which can be kept confidential under the Wisconsin public record law, must be identified on the Designation of Confidential and Proprietary Information form. (see *appendices*) Confidential information must be labeled as such. Costs (pricing) always becomes public information when Proposals are opened, and therefore cannot be kept confidential. Any other requests for confidentiality MUST be justified in writing on the form provided and included in the Proposal submitted.

**SECTION 3:**  
**PROPOSAL SELECTION AND AWARD PROCESS**

### 3. PROPOSAL SELECTION AND AWARD PROCESS

#### 3.1 PROPOSAL SCORING AND SELECTION PROCESS

All Proposals will first be reviewed by the RFP Manager to determine if 1) all “Technical Requirements” have been met; 2) the Proposals contain the required forms properly completed; and 3) submittal requirements are met. Failure to submit specified forms and follow submittal requirements may result in the Proposal being rejected. **Failure to meet “Technical Requirements” or any terms and conditions will result in the Proposal being rejected.** In the event that none of the Proposals meet one or more of the specified requirements, the County reserves the right to continue the evaluation of Proposals and to select the Proposals that most closely meet the requirements specified in this RFP.

Proposals that do not comply with instructions or are unable to comply with specifications contained in this Request for Proposal may be rejected by Milwaukee County. Milwaukee County may request reports on a Proposer’s financial stability and if financial stability is not substantiated, Milwaukee County may reject a Proposer’s proposal. Milwaukee County retains the right to accept or reject any or all Requests for Proposals, or accepts or rejects any part of a proposal deemed to be in the best interest of Milwaukee County. Milwaukee County shall be the sole judge as to compliance with the instructions contained in this Request for Proposal.

#### REQUEST FOR PROPOSAL EVALUATION:

Accepted Proposals will be evaluated by the Office for Persons with Disabilities, Commission for Persons with Disabilities, and appropriate community representatives. A panel of community experts, consumers and county staff will be composed to verify that the Requests for Proposals meet all specified requirements. This verification may include requesting reports on the Proposer’s financial stability, conducting demonstrations of Proposer’s products and services, and reviewing results of past awards to the Proposer by Milwaukee County. Accepted Proposals will be reviewed by an Evaluation Panel and scored against the stated criteria (Section 3.2). **A Proposer may not contact any member of the review Committee except at the RFP Manager’s discretion.** A Proposer’s unauthorized contact of a panel member shall be grounds for immediate disqualification of the Proposer’s Proposal. The panel may review references and use the results in scoring the Proposals. However, the County reserves the right to make a final selection based solely upon evaluation of the written Proposals should it be in its best interest to do so.

Proposals are evaluated against the evaluation criteria listed in Section 3.2. Evaluators’ scores are presented to the Office administrator who may, or may not recommend the highest scoring proposal(s) to the Standing Committee on Health and Human Needs. The Milwaukee County Board of Supervisors may modify or reject the department’s recommendations and ask for reevaluation of proposal(s), or require a reissuance of the RFP for the program being recommended. The County Executive may veto, in part or in whole, the County Board’s action.

The Evaluation panel will be the sole determiner of the evaluation points to be assigned. The determination whether any proposal by a Proposer does or does not conform to the conditions and specifications of this RFP is the responsibility of the RFP Manager.

The Review Panel has the right to rely on any narrative, supporting materials or clarifications provided by the Proposer. Review Panel can ask for oral presentations to supplement written proposal, if it will assist evaluation procedure. Such determination for oral presentation can be made after initial review and ranking of the proposals based on the criteria outlined in the RFP. **The Proposer is responsible for any Proposal inaccuracies, including errors in the Proposer's Cost Proposal and any best and final offer (if applicable).** The County reserves the right to reject Proposals that contain errors or, at its sole discretion, waive disqualifying errors or gain clarification from a Proposer, in the event that it is in the best interest of the County to do so.

The County reserves the right to contact any or all Proposers to request additional information for purposes of clarification of RFP responses.

### **3.2 EVALUATION CRITERIA**

Proposals submitted in response to this RFP will be evaluated per process and criteria detailed in Part 4 of Technical Requirements (**Section 4**).

### **3.3 RIGHT TO REJECT PROPOSALS**

**The County reserves the right to reject any and all Proposals.** This RFP does not commit the County to award a contract, or contracts.

### **3.4 NOTICE OF INTENT TO AWARD**

All Proposers who respond to this RFP will be notified in writing of the County's intent to award a contract(s) as a result of this RFP. **A Notification of Intent to Award a contract does not constitute an actual award of a contract, nor does it confer any contractual rights or rights to enter into a contract with the County.**

After Notification of the Intent to Award is made, copies of all Proposals will be made available for other proposer's inspection subject to proprietary information exclusion mentioned in **Section 2**. Any such inspection will be conducted under the supervision of County staff. Copies of proposals will be made available for inspection for five working days from the date of issuance of "Notice of Intent to Award" between 8:30 a.m. to 4:30 p.m. at:

Milwaukee County DEPARTMENT OF ADMINISTRATIVE SERVICES  
Office for Persons with Disabilities  
901 N. 9<sup>th</sup> Street, Room 307 B.  
Milwaukee, WI 53233

### **3.5 PROTEST AND APPEALS PROCESS**

Only unsuccessful proposer(s) are allowed to file an appeal. On demand by such appellant(s), DAS:OPD may provide the summary score(s) of evaluation panel, but in no case will the names of panel members be revealed. "Notice(s) of Intent to Protest," and Protest(s), must be made in writing. The protest must be as specific as possible and should identify deviations from published criteria or Milwaukee County Code of General Ordinances, Milwaukee County Board Resolutions, rules or other procedures that are alleged to have been violated.

The written "Notice of Intent to Protest" must be filed with:

Mike Bonk, Disabilities Recreation Manager  
Milwaukee County DEPARTMENT OF ADMINISTRATIVE SERVICES  
OFFICE FOR PERSONS WITH DISABILITIES  
901 N. 9th Street, Room 307 B.,  
Milwaukee, WI 53233

and received in his office no later than five (5) working days after the Notices of Intent to Award are issued. No protest can be filed unless a "Notice of Intent to Protest" is filed per the above timeline. Late filing of such Notice of Intent to Protest will invalidate the protest.

The actual written Protest(s) should be filed with Mike Bonk, Disabilities Recreation Manager, DEPARTMENT OF ADMINISTRATIVE SERVICES: OFFICE FOR PERSONS WITH DISABILITIES, 901 N. 9<sup>th</sup> Street, room 307 B. Milwaukee, WI 53233, and received in his office no later than five (5) working days from the date of receipt of a valid Notice of Intent to Protest. Late filing of the Protest will invalidate the protest

The decision of the DAS:OPD Disabilities Recreation Manager will be binding. A proposer may challenge the decision of the Disabilities Recreation Manager, per the process in Section 110 of the Milwaukee County Code of General Ordinances. DAS:OPD may proceed to contract with the Proposer(s) selected even if an appeal is still pending if it is in the best interest of Milwaukee County to do so.

### **3.6 TIME PERIOD FOR RETENTION OF UNSUCCESSFUL PROPOSAL AND SCORING:**

DAS:OPD will destroy all unsuccessful proposals after the period of appeal has passed and if no appeal is pending at that time. The detailed and summary proposal review scoring sheets will be retained per Milwaukee County retention policy.

**SECTION 4:**  
**TECHNICAL REQUIREMENTS**



#### **4. TECHNICAL REQUIREMENTS**

These Requirements are for submitting a proposal to the DEPARTMENT OF ADMINISTRATIVE SERVICES: OFFICE FOR PERSONS WITH DISABILITIES (DAS:OPD). The DAS:OPD reserves the right to add terms and conditions to the RFP as necessary.

This section contains Mandatory Requirements that the successful Proposer(s) are required to provide or agree to at NO cost to DAS:OPD. Proposers who cannot, or will not, meet all of these requirements may be disqualified on the grounds of noncompliance.

##### **COVER LETTER**

The cover letter should indicate that the Proposer has read Chapter 9, Code of Ethics, and Chapter 56.30, Professional Services of the Milwaukee County Code of General Ordinances. These ordinances are found online at <http://library.municode.com/index.aspx?clientId=12598>.

##### **ACCEPTANCE-REJECTION**

Milwaukee County reserves the right to accept or reject any or all Proposals, or to waive any requirement(s), as deemed to be in the best interests of Milwaukee County.

##### **CERTIFICATION OF INDEPENDENT PRICE DETERMINATION**

By signing and submitting a proposal, the Proposer certifies, and in the case of a joint Proposal, each party thereto certifies as to its own organization, that in connection with this RFP:

The prices in this Proposal have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other Proposer or with any competitor;

Unless otherwise required by law, the prices which have been quoted in this Proposal have not been knowingly disclosed by the Proposer and will not knowingly be disclosed by the Proposer prior to opening in the case of an advertised RFP or prior to award in the case of a negotiated procurement, directly or indirectly to any other Proposer or to any competitor; and

No attempt has been made or will be made by the Proposer to induce any other person or firm to submit or not to submit a Proposal for the purpose of restricting competition.

##### **DEVIATIONS AND EXCEPTIONS**

Submission of a proposal by Proposer shall be deemed as certification of compliance with all terms and conditions outlined in the RFP unless clearly stated otherwise in the attached "Statement of Deviations and Exceptions". The DAS:OPD reserves the right to reject or waive disclosed deviations and exceptions.

Deviations and exceptions from original text, terms, conditions, or specifications shall be described fully, on the attached "Statement of Deviations and Exceptions" and attached to the Cover letter (*item 1*). In the absence of such statement, the Proposal shall be accepted as in strict compliance with all terms, conditions, and specifications and the Proposers shall be held liable.

**Part 1: AGENCY APPLICATION**  
**INSTRUCTIONS and FORMS**

## 2013 PURCHASE OF SERVICE APPLICATION CONTENTS – I. INITIAL SUBMISSION

This content summary sheet must be attached immediately after the cover letter.

<u>Technical Requirements</u>		<u>Application</u>	
		Check each Item Included	Page # of Application
<u>Item #</u>	<u>Item Description</u>		

### **INTRODUCTION**

1	Cover Letter		
2	Application Summary Sheet		

### **Part 1 – AGENCY APPLICATION**

	Application Contents		
3	Authorization To File		
4	Agency Description and Assurances		
5	Board Of Directors, Owners, Stockholders Demographic Summary		
6	Ownership, Independence, and Governance		
7	Owners/Officers		
8	Mission Statement		
9	Agency Organizational Chart		
10	Agency Licenses and Certificates		
11	Indemnity, Data And Information, and HIPAA Compliance Statement		
13	Related Organization/Related Party Disclosure		
14	Employee Hours-Related Organization Disclosure (Form 2C)		
15	Conflict Of Interest & Prohibited Practices Certification		
16	Equal Employment Opportunity Certificate		
17	Equal Opportunity Policy		
18	Audit Fraud Hotline		
19	Certification Statement Regarding Debarment And Suspension		
20	Additional Disclosures		
21	Certification Regarding Compliance With Background Checks – Children & Youth		
22	Certification Regarding Compliance With Background Checks - Caregiver		
23	Promotion of Cultural Competence/Diversity		

### **Part 2 – BUDGET AND OTHER FINANCIAL INFORMATION**

25	IRS Form 990 For Non-Profit Agencies		
26	Certified Audit/Board Approved Financial Statement		
27	Form 1 (Program Volume Data)		
	Form 2 and 2A		
	Form 2B		
	Form 3 and 3S (Anticipated Program Expenses )		
	Form 4 and 4S (Anticipated Program Revenue)		
	Form 5 and 5A		
	Form 6-6H		

### **Part 3 –PROGRAM APPLICATION**

<u>Technical Requirements</u>		<u>Application</u>	
		Check each Item Included	Page # of Application
<u>Item #</u>		<u>Item Description</u>	
<b><u>Part 3 –PROGRAM APPLICATION</u></b>			
28	Program Organizational Chart		
29a	Program Logic Model		
29b	Program Narrative		
29c	Performance Assessment For Agency		
29d	Performance Assessment For Agency Leadership		
30	Provider Application Site Information		
31	Staffing Pattern		
32	Staffing Requirements		
33	Personnel Roster/Certification of Provider Credentials		
34	Accessibility		
36	Client Characteristics Chart		

### **Part 4 - OVERVIEW OF PROPOSAL REVIEW PROCESS, PROPOSAL REVIEW EVALUATION CRITERIA**

Overview Of Proposal Review Process
Proposal Review Evaluation Criteria

Agency attests that all items and documents checked are complete and included in the application packet.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## II. FINAL SUBMISSION

After completion of the application review and upon receiving notice of a contract award, funded agencies are required to submit the following application items (if nothing has changed from initial submission, redate and resubmit):

Item #	Item Description
12	Insurance Certificate
27	Budget Forms 1, 2, 2A, 3, 3S, 4, 4S, 5, 5A, and 6-6H
33	Personnel Roster/Certification of Provider Credentials

Final submissions are due by 4:30 p.m., December 14th, 2012 and must be mailed or delivered to:  
Milwaukee County DAS:OPD  
901 N. 9<sup>th</sup> Street, Room 307 B.  
Milwaukee WI 53233

## III. SUBMISSIONS FOR AGENCIES CURRENTLY IN A MULTI-YEAR CYCLE

All agencies with programs that are currently in the second or third year of a multi-year contract cycle in 2012 (do not require a competitive, panel review), **must** submit **all** the items listed under FINAL SUBMISSION, **plus** the Authorization To File (Item 3).

Submissions from all agencies must be received by the DAS:OPD **no later than 4:30 p.m. on Wednesday, October 3, 2012.**

## IV. CIVIL RIGHTS COMPLIANCE PLAN OR LETTER OF ASSURANCE

All Proposers who are awarded contracts must complete and submit **Item 24**, Civil Rights Compliance Plan (CRCP), within 120 days of effective date of contract. The effective date of contracts, unless indicated otherwise, will be January 1<sup>st</sup>, 2013, making CRCPs due no later than 4:30 p.m. on April 30<sup>th</sup>, 2013.

## V. DEPARTMENT OF ADMINISTRATIVE SERVICES: OFFICE FOR PERSONS WITH DISABILITIES- QUALITY ASSURANCE

When a Proposer has been awarded a contract, all application material submitted are organized into an agency master file that becomes part of the contract with the DEPARTMENT OF ADMINISTRATIVE SERVICES: OFFICE FOR PERSONS WITH DISABILITIES. The master file is also the primary source document for each agency contract and is an integral part of ongoing quality assurance activities. Once the master file is established, it is the contractor's responsibility to automatically update any information contained therein at the time any change/revision occurs.

Quality assurance activities help to ensure the appropriate expenditures of public funds and the provision of quality services. Quality assurance activities may include, but are not limited to:

- Review of annual and semi-annual evaluation reports submitted by the agency.
- Sampling of clients/participants served through participant interviews, client interviews, surveys/questionnaires, case file reviews, and/or service verification.
- On-site verification of compliance with the posting of the following documents: (a) participant/client rights, (b) non-discrimination policies.
- On-site monitoring of compliance with governmental and contractual requirements related to the provision of services.
- On-site monitoring of a contractor's organization and management structure, fiscal accountability and/or verification of services provided.

**SAMPLE COVER LETTER**  
(ON PROPOSER LETTERHEAD)

ITEM # 1

DATE:

Mr. Mike Bonk, Disabilities Recreation Manager  
Milwaukee County DEPARTMENT OF ADMINISTRATIVE SERVICES  
OFFICE FOR PERSONS WITH DISABILITIES  
901 N. 9<sup>th</sup> Street, Room 307 B.  
Milwaukee, WI 53233

Dear Mr. Bonk:

I am familiar with the *"Year 2013 Purchase of Service Guidelines: Program and Technical Requirements"* set forth by the Milwaukee County DEPARTMENT OF ADMINISTRATIVE SERVICES: OFFICE FOR PERSONS WITH DISABILITIES and am submitting the attached proposal which, to the best of my knowledge, is a true and complete representation of the requested materials.

In addition, I have read Chapter 9, Code of Ethics and Chapter 56.30, Personal Services, of the Milwaukee County Code of Ordinances.

Sincerely,

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## YEAR 2013 APPLICATION SUMMARY SHEET

ITEM # 2

Agency \_\_\_\_\_ Agency Director \_\_\_\_\_

Name of parent company and/or affiliated enterprises if agency is a subsidiary and/or affiliate of another business entity \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Contact Person \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Agency Fiscal Period \_\_\_\_\_ Federal ID Number \_\_\_\_\_  
(Mo/Day/Year to Mo/Day/Year)

Please complete the following information for your 2013 program proposed in your application.

Program name \_\_\_\_\_ Expansion \_\_\_\_\_ New \_\_\_\_\_

2012 Funding: \_\_\_\_\_ 2013 Request: \_\_\_\_\_

Site(s):

(1) \_\_\_\_\_ (3) \_\_\_\_\_

(2) \_\_\_\_\_ (4) \_\_\_\_\_

Program name \_\_\_\_\_ Expansion \_\_\_\_\_ New \_\_\_\_\_

2012 Funding: \_\_\_\_\_ 2013 Request: \_\_\_\_\_

Site(s):

(1) \_\_\_\_\_ (3) \_\_\_\_\_

(2) \_\_\_\_\_ (4) \_\_\_\_\_

Program name \_\_\_\_\_ Expansion \_\_\_\_\_ New \_\_\_\_\_

2012 Funding: \_\_\_\_\_ 2013 Request: \_\_\_\_\_

Site(s):

(1) \_\_\_\_\_ (3) \_\_\_\_\_

(2) \_\_\_\_\_ (4) \_\_\_\_\_

THIS SHEET MUST BE ATTACHED TO THE TOP OF THE APPLICATION PACKAGE.  
PLEASE DUPLICATE AS NEEDED.



**YEAR 2013 AUTHORIZATION TO FILE RESOLUTION**  
**(Applicable for Non-Profit and For-Profit Corporations Only)**

ITEM #3

This is to certify that at the \_\_\_\_\_ (Date) meeting of the Board of Directors of \_\_\_\_\_  
\_\_\_\_\_  
(Agency Name), the following resolution was introduced by \_\_\_\_\_  
\_\_\_\_\_  
(Board Member's Name), and seconded by \_\_\_\_\_  
\_\_\_\_\_  
(Board Member's Name), and unanimously approved by the Board:

BE IT RESOLVED, that the Board of Directors of \_\_\_\_\_ (Agency Name)  
hereby authorizes the filing of an application for the Year 2013 Milwaukee County DEPARTMENT OF  
ADMINISTRATIVE SERVICES: OFFICE FOR PERSONS WITH DISABILITIES (DAS:OPD) funding.

In connection therewith, \_\_\_\_\_ (Name and Title) and \_\_\_\_\_  
\_\_\_\_\_  
(Optional Name(s) and Title) is (are) authorized to negotiate with Milwaukee  
County DAS:OPD staff.

In accordance with the Bylaws (Article \_\_\_\_\_, Section \_\_\_\_\_) of \_\_\_\_\_  
\_\_\_\_\_  
(Agency Name), \_\_\_\_\_ (Name and Title)  
and \_\_\_\_\_ (Optional Name(s) and Title) is (are)  
authorized to sign the Year 2013 Purchase of Service Contract(s).

Name: \_\_\_\_\_ (Signature of the Secretary of the Board of Directors)

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## YEAR 2013 AGENCY DESCRIPTION AND ASSURANCES

ITEM # 4

**Please check all the statements below that describe your business entity:**

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership/Joint Venture       | <input type="checkbox"/> Service Corporation (SC)         |
| <input type="checkbox"/> For-Profit  | <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Sole Proprietorship              |
| <input type="checkbox"/> Non-Profit  | <input type="checkbox"/> Single Member LLC               | <input type="checkbox"/> Individual Credentialed Provider |

**The agency has on file and agrees to make the following documents available for review upon request by Milwaukee County DAS:OPD.**

\_\_\_\_\_ Articles of Incorporation (*applicable for Corporations only*)

\_\_\_\_\_ Operating Agreement (*applicable for LLC only*)

\_\_\_\_\_ Bylaws (*applicable for Corporations only*)

\_\_\_\_\_ Personnel Policies

\_\_\_\_\_ A client grievance procedure informing clients covered under DHS 94 of their rights and identifying the process clients may use to enforce those rights. The procedure is in compliance with Wisconsin Statute §51.61 and Wisconsin Administrative Code DHS 94.

\_\_\_\_\_ Audit Hotline Policy (see item 18)

\_\_\_\_\_ Accounting Policies and Procedure Manual in compliance with General Accepted Accounting Principles (GAAP) and the Wisconsin Department of Health and Family Services (DHFS) allowable cost policies.

\_\_\_\_\_ Agency billing procedure, in compliance with DHS 1, regulating billing and collection activities for care and services provided by the agency and purchased by Milwaukee County.

\_\_\_\_\_ A 'whistleblower' policy and procedure that enables individuals to come forward with credible information on illegal practices or violations of organizational policies. This policy must specify that the organization will not retaliate against individuals who make such reports.

\_\_\_\_\_ A conflict of interest policy and procedure to ensure all conflicts of interest, or appearance thereof, within the agency and the Board of Directors (if applicable) are avoided or appropriately managed through disclosure, recusal, or other means. At a minimum, the policy should require full written disclosure of all potential conflicts of interest within the organization.

\_\_\_\_\_ A code of ethics policy, which outlines the practices and behaviors expected from trustees, staff, and volunteers. The code of ethics policy shall be adopted by the board and shall be disseminated to all affected groups as part of orientation and updated annually.

\_\_\_\_\_ An emergency policy, which outlines the policies and procedures to be prepared for an emergency such as a tornado, blizzard, electrical blackout, pandemic influenza, or other natural or man-made disaster. Provider shall develop a written plan, to be retained in the Provider's office, that addresses:

1. The steps Provider has taken or will be taking to prepare for an emergency;
2. Which, if any, of Provider's services will remain operational during an emergency;
3. The role of staff members during an emergency;
4. Provider's order of succession and emergency communications plan; and

5. How Provider will assist Participants/Service Recipients to individually prepare for an emergency.

Providers who offer case management or residential care for individuals with substantial cognitive, medical, or physical needs are actively encouraged to develop an individualized emergency preparedness plan and shall assure at-risk Participants/Service Recipients have been offered any assistance they might require to complete the plan.

**Agency agrees to submit 2 original copies of a certified audit report, performed by an independent certified public accountant licensed to practice by the State of Wisconsin, in compliance with the audit requirements of the Purchase of Service Contract.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

**YEAR 2013 BOARD OF DIRECTORS/AGENCY OWNERS/STOCKHOLDERS  
DEMOGRAPHY SUMMARY**

Ethnicity	Female	Male	Persons with Disabilities
Asian or Pacific Islander			
Black			
Hispanic			
American Indian or Alaskan Native			
White			
<b>Totals</b>			

A person with a disability is defined pursuant to section 504 of the Rehabilitation Act of 1973 as any person who:

1. Has a physical or mental impairment that substantially limits one or more major life activities (e.g. caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working);
2. Has a record of such impairment, or;
3. Is regarded as having such impairment.

Ethnicity is defined as:

1. Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
2. Black: All persons having origins in any of the Black racial groups of Africa.
3. Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race. (Excludes Portugal, Spain, or other European countries).
4. American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
5. White: All persons who are not Asian or Pacific Islander, Black, Hispanic, American Indian or Alaskan Native.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

**YEAR 2013 BOARD OF DIRECTORS OWNERSHIP, INDEPENDENCE, AND GOVERNANCE (Applicable to for profit and nonprofit Corporations Only)**

Please list the current board members and indicate the office title, term, percentage of ownership interest (applicable for for-profit corporations only), amount of prior year's distributions or dividends (applicable for for-profit corporations only), whether the board member receives any compensation from the agency, and whether the board member can be considered independent. "Independent" board members include individuals (1) who are not compensated by the organization as an employee or independent contractor; (2) whose compensation is not determined by individuals who are compensated by the organization; (3) who do not receive, directly or indirectly, material financial benefits from the organization except as a member of the charitable class served by the organization; and (4) who are not related to (as a spouse, sibling, parent or child), or do not reside with, any individual described above.


Are positions of Agency Head (e.g. President, Chief Executive Officer, Executive Director, etc.), Board Chair, and Treasurer held by separate individuals? ☐ Yes ☐ No

If agency is a **non-profit** corporation with fewer than five board members, explain the rationale for the number of board members, and indicate what, if any, compensatory controls are in place to mitigate self-dealing and other potential abuses by the Board.

**Board Committees/ Advisory Committees**

Committee Name	Committee Purpose

**The Board of Directors' 2013 meetings for the agency will be held on the following dates:**

January	May	September
February	June	October
March	July	November
April	August	December

**Contractor agrees to retain Board of Directors' meeting minutes for a period of at least four (4) years following contract termination and agrees to provide Milwaukee County access to the meeting minutes upon request.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

**YEAR 2013 AGENCY OWNERS/STOCKHOLDERS/OFFICERS**

ITEM # 7

*(applicable to all organizations)*

Please list each agency owner, stockholder, officer, LLC manager, Partner, and/or LLC member, and indicate the office title and total compensation. In addition, for For-profit organizations also provide the percentage of ownership interest, amount of prior year's distributions or dividends from the agency during the prior year. Please note that only those stockholders holding twenty percent or greater interest must be listed. *This Item applies to both For-profit and Non-profit agencies.*

Name	Status	Office Title	% Owner-ship	Amount of Distributions/ Dividends (\$)	Total Compensation (\$)*
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only)				

\*Total Compensation should reflect amount reported on IRS Form W-2 and 1099.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## **YEAR 2013 AGENCY MISSION STATEMENT**

*ITEM # 8*

Agency: \_\_\_\_\_

Submit your agency's Mission Statement.

## **AGENCY ORGANIZATIONAL CHART**

*ITEM # 9*

Submit an organizational chart of the agency detailing each major department or program.

## **AGENCY LICENSES AND CERTIFICATIONS**

*ITEM # 10*

Submit a copy of each agency license or certificate required to provide the service for which you are requesting funds and copies of any notices of noncompliance or restrictions.

**YEAR 2013 INDEMNITY, DATA & INFORMATION  
SYSTEMS COMPLIANCE, HIPAA**

ITEM # 11

**Indemnity/Insurance**

Contractor agrees to the fullest extent permitted by law, to indemnify, defend and hold harmless, the County and its agents, officers and employees, from and against all loss or expense including costs and attorney's fees by reason of liability for damages including suits at law or in equity, caused by any wrongful, intentional, or negligent act or omission of the Contractor, or its (their) agents which may arise out of or are connected with the activities covered by this agreement.

Contractor shall indemnify and save County harmless from any award of damages and costs against County for any action based on U.S. patent or copyright infringement regarding computer programs involved in the performance of the tasks and services covered by this agreement.

**Provision for Data and Information Systems Compliance**

Contractor shall utilize computer applications in compliance with County standards in maintaining program data related to the contract, or bear full responsibility for the cost of converting program data into formats useable by County applications. All Contractors shall have internet access, an email address, and shall utilize Microsoft Excel 2000 or newer, or shall use applications which are exportable/convertible to Excel.

**Health Insurance Portability and Accountability Act**

The contractor agrees to comply with the federal regulations implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to the extent those regulations apply to the services the contractor provides or purchases with funds provided under this contract.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_



## INSURANCE

ITEM # 12

Contractor agrees to evidence and maintain proof of financial responsibility to cover costs as may arise from claims of tort, statutes and benefits under Workers' Compensation laws and/or vicarious liability arising from employees, board, or volunteers. Such evidence shall include insurance coverage for Worker's Compensation claims as required by the State of Wisconsin, Commercial General Liability and/or Business Owner's Liability (**which includes board, staff, and volunteers**), Automobile Liability (if the Agency owns or leases any vehicles) and Professional Liability (where applicable) in the minimum amounts listed below.

Automobile insurance that meets the Minimum Limits as described in the Agreement is required for all agency vehicles (owned, non-owned, and/or hired). In addition, if any employees of the Contractor will use their personal vehicles to transport Milwaukee County employees, representatives or clients, or for any other purpose related to the provision of the billable services, those employees shall have Automobile Liability Insurance providing the same liability limits as required of the Contractor through any combination of employee Automobile Liability and employer Automobile or General Liability Insurance which in the aggregate provides liability coverage, while employee is acting as agent of employer, on the employee's vehicle in the same amount as required of the Contractor.

If the services provided under the contract constitute professional services, Contractor shall maintain Professional Liability coverage as listed below. Treatment providers including psychiatrists, psychologists, social workers) who provide treatment off premises must obtain General Liability coverage (on premises liability and off-premise liability), to which Milwaukee County is added as an additional insured, unless not otherwise obtainable.

It being further understood that failure to comply with insurance requirements might result in suspension or termination of the Agreement.

### **TYPE OF COVERAGE**

#### **Wisconsin Workers' Compensation Employer's Liability**

#### **Commercial General and/or Business Owner's Liability**

Bodily Injury & Property Damage  
(Incl. Personal Injury, Fire, Legal  
Contractual & Products/Completed  
Operations)

#### **Automobile Liability**

Bodily Injury & Property Damage  
All Autos - Owned, Non-Owned and/or Hired  
Uninsured Motorists

#### **Professional Liability**

To include Certified/Licensed Mental Health and  
AODA Clinics and Providers  
and  
Hospital, Licensed Physician or any other  
qualified healthcare provider under Sect 655

### **MINIMUM LIMITS**

Statutory or Proof of all States Coverage  
\$100,000/\$500,000/\$100,000

\$1,000,000 - Per Occurrence

\$1,000,000 - General Aggregate

\$1,000,000 Per Accident

Per Wisconsin Requirements

\$1,000,000 Per Occurrence

\$3,000,000 Annual Aggregate

As required by State Statute

## Wisconsin Patient Compensation Fund Statute

Any non-qualified Provider under Sec 655 Wisconsin Patient Compensation Fund Statute State of Wisconsin (indicate if Claims Made or Occurrence)	\$1,000,000 Per Occurrence/Claim \$3,000,000 Annual Aggregate
Other Licensed Professionals	\$1,000,000 Per Occurrence \$2,000,000 Annual aggregate or Statutory limits whichever is higher

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Should the statutory minimum limits change, it is agreed the minimum limits stated herein shall automatically change as well.

Milwaukee County, as its interests may appear, shall be named as, and receive copies of, an "additional insured" endorsement, for general liability, automobile insurance, and umbrella/excess insurance. Milwaukee County must be afforded a thirty day (30) written notice of cancellation, or a non-renewal disclosure must be made of any non-standard or restrictive additional insured endorsement, and any use of non-standard or restrictive additional insured endorsement will not be acceptable.

Exceptions of compliance with "additional insured" endorsement are:

1. Transport companies insured through the State "Assigned Risk Business" (ARB).
2. Professional Liability where additional insured is not allowed.

Contractor shall furnish Purchaser annually on or before the date of renewal, evidence of a Certificate indicating the above coverages (with the Milwaukee County Contract Administrator named as the "Certificate Holder") shall be submitted for review and approval by Purchaser throughout the duration of this Agreement. If said Certificate of Insurance is issued by the insurance agent, it is Provider's responsibility to ensure that a copy is sent to the insurance company to ensure that the County is notified in the event of a lapse or cancellation of coverage.

### CERTIFICATE HOLDER

Milwaukee County DEPARTMENT OF ADMINISTRATIVE SERVICES  
OFFICE FOR PERSONS WITH DISABILITIES

Contract Administrator  
901 N. 9th Street, Room 307 B.  
Milwaukee, WI 53233

If Contractor's insurance is underwritten on a Claims-Made basis, the Retroactive date shall be prior to or coincide with the date of this Agreement, the Certificate of Insurance shall state that *professional malpractice or errors and omissions coverage, if the services being provided are professional services* coverage is Claims-Made and indicate the Retroactive Date, Provider shall maintain coverage for the duration of this Agreement and for six (6) years following the completion of this Agreement.

It is also agreed that on Claims-Made policies, either Contractor or County may invoke the tail option on behalf of the other party and that the Extended Reporting Period premium shall be paid by Provider.

Binders are acceptable preliminarily during the provider application process to evidence compliance with the insurance requirements.

All coverages shall be placed with an insurance company approved by the State of Wisconsin and rated "A" per Best's Key Rating Guide. Additional information as to policy form, retroactive date, discovery provisions and applicable retentions, shall be submitted to Purchaser, if requested, to obtain approval of insurance requirements.

Any deviations, including use of purchasing groups, risk retention groups, etc., or requests for waiver from the above requirements shall be submitted in writing to the Milwaukee County Risk Manager for approval prior to the commencement of activities under this Agreement:

Milwaukee County Risk Manager  
Milwaukee County Courthouse – Room 302  
901 North Ninth Street  
Milwaukee, WI 53233

**YEAR 2013 RELATED PARTY DISCLOSURES**

ITEM # 13

**Milwaukee County Employee**

Submit a list of any Milwaukee County employee, or former County employee to whom your agency paid a wage, salary, or independent contractor fee during the preceding three-year period. Include payments made during 2010, 2011, and 2012 to any person who was at the time of payment, also employed by Milwaukee County.

Employee	2010 Wages	2011 Wages	2012 Wages

☐ **No employment relationship with current or former Milwaukee County employees (within 3 years) exists.**

**Related Party Relationships**

The agency rents from or contracts with a person who has ownership or employment interest in the agency; serves on the Board of Directors; or is a member of the immediate family of an owner, officer, employee, or board member? ☐ Yes ☐ No

**If such a relationship exists, submit a copy of lease agreements, certified appraisals, and contract agreements, etc.**

Submit a full disclosure of the relationship, including the extent of interest and amount of estimated income anticipated from each source, for each individual if any board member, stockholder, owner, officer, or member of the immediate family of any board member, stockholder, owner or officer, holds interest in firms or serves on the board from which materials or services are purchased by the agency, its subsidiaries, or affiliates. "Immediate family" means an individual's spouse or an individual's relative by marriage, lineal descent, or adoption who receives, directly or indirectly, more than one-half of his/her support directly from the individual or from whom the individual receives, directly or indirectly, more than one-half of his/her support.

Name	Relationship	% or Estimated Income

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

**FORM 2C - YEAR 2013 EMPLOYEE HOURS - RELATED ORGANIZATION DISCLOSURE** *ITEM # 14*

For each employee of your agency who works for more than one related organization which may or may not be under contract to Milwaukee County, the total number of weekly hours scheduled for each affiliated corporate or business enterprise must be accounted for by program/activity.

“Related Organization” is defined as an organization with a board, management, and/or ownership which is (are) shared with the Proposer organization.

Employee Name	Related Organization/ Employer	Program/Activity	Total Weekly Hours

Please check the statement below, sign and date the form if the above condition does not exist.

\_\_\_\_\_ No employee of the agency works for more than one related organization that may or may not be under contract to Milwaukee County.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## YEAR 2013 CONFLICTS OF INTEREST AND PROHIBITED PRACTICES

ITEM # 15

### **Interest in Contract**

No officer, employee or agent of the County who exercises any functions or responsibilities with carrying out any services or requirements to which this contract pertains has any personal interest, direct or indirect, in this contract.

### **Interest of Other Public Officials**

No member of the governing body of a locality, County or State and no other public official of such locality, County or State who exercises any functions or responsibilities in the review or approval of the carrying out of this contract has any personal interest, direct or indirect, in this contract.

Contractor covenants s/he presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services under this contract. Any conflict of interest on the part of the Contractor will be disclosed to the County. In the event Contractor has a conflict of interest that does not permit Contractor to perform the services under the contract with respect to any client or recipient, Contractor will notify the County and will provide the County with all records and reports relating to same.

### **Prohibited Practices**

Contractor attests that it is familiar with Milwaukee County's Code of Ethics, Chapter 9 of Milwaukee County Code of General Ordinances, which states in part, "No person may offer to give any County officer or employee or his immediate family, or no County officer or employee or his immediate family may solicit or receive anything of value pursuant to an understanding that such officer's or employee's vote, official action, or judgment would be influenced thereby."

Said chapter further states, "No person(s) with a personal financial interest in the approval or denial of a contract being considered by a County department or with an agency funded and regulated by a County department, may make a campaign contribution to any candidate for an elected County office that has final authority during its consideration. Contract considerations shall begin when a contract is submitted directly to a County department or to an agency until the contract has reached its final disposition, including adoption, county executive action, proceedings on veto (if necessary) or departmental approval."

Where Agency intends to meet its obligations under this or any part of this Request For Proposal through a subcontract with another entity, Agency shall first obtain the written permission of County; and further, Agency shall ensure it requires of its subcontractors the same obligations incurred by Agency under this Request For Proposal.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

# YEAR 2013 EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATE FOR MILWAUKEE COUNTY CONTRACTS

ITEM # 16

In accordance with Section 56.17 of the Milwaukee County General Ordinances and Title 41 of the Code of Federal Regulations, Chapter 60, SELLER or SUCCESSFUL BIDDER or CONTRACTOR or LESSEE or (Other-specify),(Hence forth referred to as VENDOR) certifies to Milwaukee County as to the following and agrees that the terms of this certificate are hereby incorporated by reference into any contract awarded.

## Non-Discrimination

VENDOR certifies that it will not discriminate against any employee or applicant for employment because of race, color, national origin, sex, age or disability which includes but is not limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship.

VENDOR will post in conspicuous places, available to its employees, notices to be provided by the County setting forth the provision of the non-discriminatory clause.

A violation of this provision shall be sufficient cause for the County to terminate the contract without liability for the uncompleted portion or for any materials or services purchased or paid for by the contractor for use in completing the contract.

## Affirmative Action Program

VENDOR certifies that it will strive to implement the principles of equal employment opportunity through an effective affirmative action program, which shall have as its objective to increase the utilization of women, minorities, and persons with disabilities and other protected groups, at all levels of employment in all divisions of the vendor's work force, where these groups may have been previously under-utilized and under-represented.

VENDOR also agrees that in the event of any dispute as to compliance with the afore stated requirements, it shall be his responsibility to show that he has met all such requirements.

## Non-Segregated Facilities

VENDOR certifies that it does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not permit its employees to perform their services at any location under its control, where segregated facilities are maintained.

## Subcontractors

VENDOR certifies that it has obtained or will obtain certifications regarding non-discrimination, affirmative action program and non segregated facilities from proposed subcontractors that are directly related to any contracts with Milwaukee County, if any, prior to the award of any subcontracts, and that it will retain such certifications in its files.

## Reporting Requirement

Where applicable, VENDOR certifies that it will comply with all reporting requirements and procedures established in Title 41 Code of Federal Regulations, Chapter 60.

## Affirmative Action Plan

VENDOR certifies that, if it has 50 or more employees, it will develop and/or update and submit (within 120 days of contract award) an Affirmative Action Plan to: Mr. Paul Grant, Audit Compliance Manager, Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4292].

VENDOR certifies that, if it has 50 or more employees, it has filed or will develop and submit (within 120 days of contract award) for each of its establishments a written affirmative action plan. Current Affirmative Action plans, if required, must be filed with any of the following: The Office of Federal Contract Compliance Programs or the State of Wisconsin, or the Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4292].

If a current plan has been filed, indicate where filed \_\_\_\_\_ and the years covered.

VENDOR will also require its lower-tier subcontractors who have 50 or more employees to establish similar written affirmative action plans.

## Employees

\_\_\_\_\_  
VENDOR certifies that it has \_\_\_\_\_ (No. of Employees) employees in the Standard Metropolitan Statistical Area (Counties of Milwaukee, Waukesha, Ozaukee and Washington, Wisconsin) and (No. of Employees) employees in total.

## Compliance

VENDOR certifies that it is not currently in receipt of any outstanding letters of deficiencies, show cause, probable cause, or other notification of noncompliance with EEO regulations.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by: Firm Name \_\_\_\_\_

By \_\_\_\_\_ Address \_\_\_\_\_  
(Signature)

Title \_\_\_\_\_ City/State/Zip \_\_\_\_\_

## YEAR 2013 EQUAL OPPORTUNITY POLICY

ITEM # 17

\_\_\_\_\_ is in compliance with the equal opportunity policy and standards of the Wisconsin Department of Health and Family Services and all applicable Federal and State rules and regulations regarding nondiscrimination in employment and service delivery.

### **EMPLOYMENT - AFFIRMATIVE ACTION & CIVIL RIGHTS**

It is the official policy of \_\_\_\_\_ that no otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subjected to discrimination in employment in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, disability, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with Affirmative Action and Civil Rights standards to ensure that Proposers are employed and that employees are treated during their employment without regard to the above named characteristics. Such action shall include but not be limited to the following: employment, upgrading, demotion, transfer, recruitment, or recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training including apprenticeship.

\_\_\_\_\_ has a written Affirmative Action Plan which includes a process by which discrimination complaints may be heard and resolved.

### **SERVICE DELIVERY - CIVIL RIGHTS**

It is the official policy of \_\_\_\_\_ that no otherwise qualified Proposer for services or service recipient shall be excluded from participation, be denied benefits or otherwise be subjected to discrimination in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, disability, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with civil rights laws to ensure equal opportunity for access to service delivery and treatment without regard to the above named characteristics. \_\_\_\_\_ has a written Civil Rights Action Plan which includes a process by which discrimination complaints may be heard and resolved.

All officials and employees of \_\_\_\_\_ are informed of this statement of policy. Decisions regarding employment and service delivery shall be made to further the principles of affirmative action and civil rights.

To ensure compliance with all applicable Federal and State rules and regulations regarding Equal Opportunity and nondiscrimination in employment and service delivery, \_\_\_\_\_ has been designated as our Equal Opportunity Coordinator. Any perceived discrimination issues regarding employment or service delivery shall be discussed with Ms. /Mr. \_\_\_\_\_. Ms. /Mr. \_\_\_\_\_ may be reached during week days at \_\_\_\_\_.

A copy of the Affirmative Action Plan and/or the Civil Rights Action Plan including the process by which discrimination complaints may be heard and resolved is available upon request.

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(Director or Chief Officer)

(Title)

(Date)

**This Policy Statement shall be posted in a conspicuous location.**



## **Department of Audit Hotline**

Milwaukee County has set up the Department of Audit Hotline to be the primary conduit for concerned employees, citizens, and contractors to communicate allegations of fraud, waste and abuse involving County government. Milwaukee County's resolution states, in part,

"all department heads and administrators of Milwaukee County are hereby directed to provide information regarding Milwaukee County Department of Audit Fraud Hotline to all professional service and construction contractors when they commence work for Milwaukee County and, further, that instructions and bulletins shall be provided to said contractors that they post this information in a location where their employees will have access to it and provide said information to any and all subcontractors that they may retain; and

...Milwaukee County funded construction and work sites shall also have posted the bulletin that the Department of Audit has developed which provides the Fraud Hotline number and other information and the Department of Public Works shall inform contractors of this requirement"

A Hotline bulletin is attached(See flyer under Appendices). Please distribute the revised bulletin to contractors as contracts are let or renewed and also post it prominently at all County employee work locations associated with your organization.

**Certified** that, the copies of Audit Hotline poster have been posted at the prominent locations within our organization.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

**CERTIFICATION STATEMENT****DEBARMENT AND SUSPENSION**

The Proposer certifies to the best of its knowledge and belief, that its' principals, owners, officers, shareholders, key employees, directors and member partners: (1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency; (2) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (3) are not presently indicted for or otherwise criminally charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in (2) of this certification; and, (4) have not within a three-year period preceding this proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## ADDITIONAL DISCLOSURES

ITEM # 20

1. Has your organization or any representative, owner, partner or officer ever failed to perform work awarded or had a contract terminated for failure to perform or for providing unsatisfactory service?  
☐ Yes ☐ No If yes, on a separate page please provide a detailed explanation.
2. Within the past five (5) years, has your organization or any representative, owner, partner or officer (collectively "your company") ever been a party to any court or administrative proceedings or disciplinary action, where the violation of any local, state or federal statute, ordinance, rules, regulation, or serious violation of company work rules by your Company was alleged?  
☐ Yes ☐ No If yes, on a separate page, please provide a detailed explanation outlining the following:
  - Date of citation or violation
  - Description of violation
  - Parties involved
  - Current status of citation
3. Within the past 5 years has your organization had any reported findings on an annual independent audit?  
☐ Yes ☐ No If yes, on a separate page please provide a detailed explanation.
4. Within the past 5 years, has your organization been required to submit a corrective action plan by virtue of review or audit by independent auditor, or any governmental agency or purchaser of services?  
☐ Yes ☐ No If yes, on a separate page please provide a detailed explanation including if the corrective action has been accepted by the purchasing agency and completely implemented? If not, please explain remaining action required by purchasing agency.
5. Have you, any principals, owners, partners, shareholders, directors, members or officers of your business entity ever been convicted of, or pleaded guilty, or no contest to, a felony, serious or gross misdemeanor, or any crime or municipal violation, involving dishonesty, assault, sexual misconduct or abuse, or abuse of controlled substances or alcohol, or are charges pending against you or any of the above persons for any such crimes by information, indictment or otherwise?  
☐ Yes ☐ No If yes, on a separate page, please provide a detailed explanation.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## **RESOLUTION REGARDING FILE 99-233 REQUIRING BACKGROUND CHECKS FOR AGENCIES SERVING YOUTH**

Proposer certifies that it will comply with the provisions of the Milwaukee County Resolution Requiring Background Checks, File No. 99-233. Agencies under contract shall conduct background checks at their own expense.

### **RESOLUTION REQUIRING BACKGROUND CHECKS ON DEPARTMENT OF ADMINISTRATIVE SERVICES: OFFICE FOR PERSONS WITH DISABILITIES CONTRACT AGENCY EMPLOYEES PROVIDING DIRECT CARE AND SERVICES TO CHILDREN AND YOUTH**

Provisions of the Resolution requiring criminal background checks for current or prospective employees of DAS:OPD contract agencies and agencies/organizations with which the DAS:OPD has reimbursable agreements providing direct care and services to Milwaukee County children and youth were initially passed by the County Board in September, 1999.

In May, 2000, the County Board adopted a modification of the resolution that separates individuals who have committed crimes under the Uniform Controlled Substances Act under Chapter 961 Wisconsin Statutes from the felony crimes referenced in the original Resolution and those referenced under Chapter 948 of the Statutes.

The Resolution shall apply only to those employees who provide direct care and services to Milwaukee County children and youth in the ordinary course of their employment, and is not intended to apply to other agency employees such as clerical, maintenance or custodial staff whose duties do not include direct care and services to children and youth.

1. DAS:OPD contract agencies and agencies/organizations with which the DAS:OPD has reimbursable agreements shall certify, by written statement to the DAS:OPD, that they have a written screening process in place to ensure background checks, extending at least three (3) years back, for criminal and gang activity, for current and prospective employees providing direct care and services to children and youth. The background checks shall be made prior to hiring a prospective employee on all candidates for employment regardless of the person's place of residence.
2. DAS:OPD contract agencies and agencies/organizations with which the DAS:OPD has reimbursable agreements shall certify, by written statement to the DAS:OPD, that they are in compliance with the provisions of the Resolution; that the statement shall be subject to random verification by the DAS:OPD or its designee; and, that the DAS:OPD or its designee shall be submitted, on request, at all reasonable times, copies of any or all background checks performed on its employees pursuant to this Resolution.
3. DAS:OPD contract agencies and agencies/organizations with which the DAS:OPD has reimbursable agreements which do not submit to the DAS:OPD or its designee, copies of any or all background checks, on request, at all reasonable times, pursuant to this Resolution, shall be issued a letter of intent within 10 working days by the DAS:OPD or its designee to file an official 30-day notice of termination of the contract, if appropriate action is not taken by the contract agency towards the production of said documents.
4. DAS:OPD contract agencies and agencies/organizations with which the DAS:OPD has reimbursable agreements shall perform criminal background checks on current employees who provide direct care and services to children and youth by January 31, 2001 and, after 48 months of employment have elapsed, criminal background checks shall be performed every four (4) years within the year thereafter.
5. DAS:OPD contract agencies and agencies/organizations with which the DAS:OPD has reimbursable agreements shall hire prospective employees after January 31, 2001 conditioned on the provisions

stated above for criminal background checks and, after four (4) years within the year thereafter, and for new employees hired after January 31, 2001.

6. DAS:OPD contract agencies and agencies/organizations with which the DAS:OPD has reimbursable agreements which determine that a current or prospective employee was convicted of one or more of the following offenses shall notify the DAS:OPD or its designee immediately. Offenses include: homicide (all degrees); felony murder; mayhem; aggravated and substantial battery; 1<sup>st</sup> and 2<sup>nd</sup> degree sexual assault; armed robbery; administering dangerous or stupefying drugs; and, all crimes against children as identified in Chapter 948 of Wisconsin Statutes.
7. DAS:OPD contract agencies and agencies/organizations with which the DAS:OPD has reimbursable agreements which determine that a current or prospective employee was convicted of any other offense not listed in Number 6 shall notify the DAS:OPD or its designee immediately. Offenses include but are not limited to: criminal gang member solicitations; simple possession; endangering public safety; robbery; theft; or, two (2) or more misdemeanors involving separate incidences within the last three (3) years.
8. DAS:OPD contract agency employees and employees of agencies/organizations with which the DAS:OPD has reimbursable agreements who provide direct care and services to children and youth, charged with any of the offenses referenced in Number 6 and Number 7, shall notify the DAS:OPD or its designee within two (2) business days of the actual arrest.
9. Upon notification from a contract agency or from agencies with other reimbursable agreements that their screening process has identified a current or prospective employee with a conviction as stated in Number 6, or a conviction that occurred less than three (3) years from the date of employment as stated in Number 7, the DAS:OPD or its designee shall issue a letter of intent within 10 working days to file an official 30-day notice of termination of the contract if appropriate action is not taken towards the exclusion of said individual from having any contact with children or youth in the direct provision of care and services to children and youth.
10. The DAS:OPD or its designee, upon receipt of notification of potentially disqualifying past criminal misconduct or pending criminal charges as stated in Number 6 and Number 7 of this Resolution, shall terminate the contract or other agreement if, after 10 days' notice to the contract agency, the DAS:OPD or its designee has not received written assurance from the agency that the agency has taken appropriate action towards the convicted current or prospective employee consistent with the policy expressed in this Resolution.
11. DAS:OPD contract agencies and agencies/organizations with which the DAS:OPD has reimbursable agreements which determine that a current or prospective employee was convicted of any crime under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, and the conviction occurred within the last five (5) years from the date of employment or time of application, shall notify the DAS:OPD or its designee immediately.
12. Upon notification from a contract agency or from agencies with other reimbursable agreements that their screening process has identified a current or prospective employee with a conviction under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, the DAS:OPD or its designee shall issue a letter of intent, within 10 working days, to file an official 30-day notice of termination of the contract if appropriate action is not taken towards the exclusion of said individual from having any contact with children or youth in the direct provision of care and services to children and youth. **Current or prospective employees of DAS:OPD contract agencies or other reimbursable agreements who have not had a conviction within the last five (5) years under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, shall not be subject to the provisions of this Resolution.**

**CERTIFICATION STATEMENT**

ITEM# 21

**RESOLUTION REGARDING FILE 99-233 REQUIRING BACKGROUND CHECKS  
FOR AGENCIES SERVING CHILDREN AND YOUTH**

This is to certify that \_\_\_\_\_  
(Name of Agency/Organization)

- (1) has received and read the enclosed, "PROVISIONS OF RESOLUTION REQUIRING BACKGROUND CHECKS ON Office for Persons with Disabilities CONTRACT AGENCY EMPLOYEES PROVIDING DIRECT CARE AND SERVICES TO MILWAUKEE COUNTY CHILDREN AND YOUTH;"
- (2) has a written screening process in place to ensure background checks on criminal and gang activity for current and prospective employees providing direct care and services to children and youth; and,
- (3) is in compliance with the provisions of File No. 99-233, the Resolution requiring background checks.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## CERTIFICATION STATEMENT

### RESOLUTION REGARDING CAREGIVER AND CRIMINAL BACKGROUND CHECKS

(Applies to all agencies with employees who meet the definition of "caregiver", per definition below)

Contract agencies and agencies with which the DAS:OPD has reimbursable agreements shall certify, by written statement, that they will comply with the provisions of ss.50.065 and ss.146.40 Wis. Stats. and DHS 12 and DHS13, Wis. Admin. Code *State of Wisconsin Caregiver Program* (all are online at <http://www.legis.state.wi.us/rsb/code.htm>). Agencies under contract shall conduct background checks at their own expense.

**DEFINITION: EMPLOYEES AS CAREGIVERS** (Wisconsin Caregiver Program Manual, <http://dhfs.wisconsin.gov/caregiver/pdffiles/Chap2-CaregiverBC.pdf>)

A caregiver is a person who meets all of the following:

- is employed by or under contract with an entity;
- has regular, direct contact with the entity's clients or the personal property of the clients; and
- is under the entity's control.

This includes employees who provide direct care and may also include Housekeeping, maintenance, dietary and administrative staff, if those persons are under the entity's control and have regular, direct contact with clients served by the entity.

This is to certify that \_\_\_\_\_  
(Name of Agency/Organization)

is in compliance with the provisions of ss.50.065 and ss.146.40 Wis. Stats. and DHS 12 and DHS 13, Wis. Admin. Code *State of Wisconsin Caregiver Program*

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## CULTURAL COMPETENCE

ITEM # 23

**Cultural Diversity and Cultural Competence:** Milwaukee County DEPARTMENT OF ADMINISTRATIVE SERVICES: OFFICE FOR PERSONS WITH DISABILITIES (DAS:OPD) is committed to the goal of cultural diversity and cultural competence in the workplace. DAS:OPD considers the composition of ethnic/racial and gender makeup a high priority as it relates to board membership and staff positions of agencies and organizations receiving contract awards for the provision of human services.

Board members and staff must be able to serve a culturally diverse population in a manner that reflects culturally competent decision making and service delivery.

For the purposes of this application, the definitions of cultural diversity and cultural competence are:

**Cultural Diversity** – The presence of individuals and groups from different cultures. Cultural diversity in the workplace refers to the degree to which an organization, agency or other group is comprised of people from a variety of differing backgrounds related to behaviors, attitudes, practices, beliefs, values, and racial and ethnic identity.

**Cultural Competence** - A set of congruent behaviors, attitudes, practices and policies formed within a system, within an agency, and among professionals to enable the system, agency and professionals to work respectfully, effectively and responsibly in diverse situations. Essential elements of cultural competence include valuing diversity, understanding the dynamics of difference, institutionalizing cultural knowledge, and adapting to and encouraging organizational diversity.

Describe your proposed strategy for developing and maintaining Cultural Competence. Please provide specific examples of existing and/or proposed policies, procedures, and other practices promoting Cultural Competence. Identify specific actions taken by your agency during the previous year, if any, geared toward increasing Board and/or Staff diversity.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_



## CIVIL RIGHTS COMPLIANCE PLAN

ITEM # 24

Consistent with the U.S. DEPARTMENT OF ADMINISTRATIVE SERVICES: OFFICE FOR PERSONS WITH DISABILITIES and the State of Wisconsin Department of Workforce Development and the Department of Health and Family Services, all contract recipients **are required** to submit a Civil Rights Compliance Plan (CRCP) or Letter of Assurance (LOA) within 120 days of effective date of contract. This is **mandatory** for all agencies that meet the criteria listed below. If Contractor has submitted the CRCP to the State, the State letter indicating approval of the Plan shall be accepted by Milwaukee County in lieu of the CRCP.

### Entire Civil Rights Compliance Plan

- **Agency has 25 employees AND**
- **Agency has \$25,000 of combined revenues from the State and/or a County.**

Affirmative Action Plan	Exemption from Submitting Affirmative Action Plan (DOA 3024)	Equal Opportunity Policy	LEP Policy Statement	Discrimination Compliant Forms & Process	DOA Forms (Only if contracting directly with the State)
✓	✓ Applicable if agency has achieved balanced workforce, or has undergone an audit of its Affirmative Action Program within the last year. (Follow additional documentation guidelines set forth in DOA 3024.)	✓	✓	✓	✓ DOA Forms  3067 – Notice to Vendor Filing Information  3023 – Vendor's Sub-contractor's List

### Letter of Assurance (must conform with format on State website listed below)

- **Agency has less than 25 employees OR**
- **Agency does not have \$25,000 of combined revenues from the State and/or a County.**

Letter of Assurance	CRCP Cover Title Page	Request for Exemption from Submitting Affirmative Action Plan (DOA 3024)
✓	✓	✓

a) Completion forms, instructions, sample policies and plans are posted on the State website at:

[http://dcf.wisconsin.gov/civil\\_rights/default.htm](http://dcf.wisconsin.gov/civil_rights/default.htm)

Submit to:

Mike Bonk  
Milwaukee County DAS:OPD  
901 N. 9<sup>th</sup> Street, room 307 B.  
Milwaukee WI 53233

**Part 2: BUDGET AND OTHER FINANCIAL INFORMATION**  
**INSTRUCTIONS and FORMS**

## IRS FORM 990

ITEM # 25

Organizations exempt from income tax under Section 501(c) of the Internal Revenue Code are required to submit the most recent copy of their Internal Revenue Service (IRS) Form 990 with their corresponding CPA audit report.

Note: This does not apply to new agencies who have never filed IRS Form 990

## CERTIFIED AUDIT/BOARD APPROVED FINANCIAL STATEMENT

ITEM # 26

Agencies not under contract with the DAS:OPD should submit a copy of the agency's prior year certified audit or the most recent Board of Directors approved financial statement if an audit has not been performed for that year.

## BUDGET FORMS

ITEM # 27

Budget Forms 1, 2, 2A, 2B, 3, 3S, 4, 4S, 5, 5A, and 6 – 6H, are all linked with one another and are located at:

[Http://county.milwaukee.gov/DASOPD2013RFP](http://county.milwaukee.gov/DASOPD2013RFP)

These forms must be used in the format provided, and completed according to the Instructions provided with the link forms under various tabs marked "Instructions". Any forms that have been altered will not be accepted; the item will be considered an omission in the application and will be scored accordingly during the review process. **All Proposers in addition to submitting a hard copy, must submit budget forms electronically to [Michael.Bonk@milwcnty.com](mailto:Michael.Bonk@milwcnty.com) In the subject line indicate agency name, and "2013 budget forms"**

**Part 3: PROGRAM APPLICATION**  
**INSTRUCTIONS and FORMS**

## COMPLETE PART 3 FOR THE PROGRAM

PROGRAM Description DESIGN must be completed **for the program** for which an agency is requesting funds. Agencies are required to submit a separate program design section for each program, not for each site.

### PROGRAM ORGANIZATIONAL CHART

ITEM # 28

Provide an organizational chart which shows, in detail, position titles and reporting relationships within the specific program being proposed. Include all positions for which funding is being requested.

### PROGRAM LOGIC MODEL AND EVALUATION REPORT

*(To be included In Initial Submission of ALL Proposals)*

ITEM # 29a

Use single words or short phrases to describe the following:

**Inputs**-List the physical, financial, and human resources dedicated to the program.

**Processes/Program Activities**-List the services to be delivered, **to include any “Required Program Components” as described in the Program Requirements.**

**Outputs**-List the volume of processes/program activities to be delivered, **to include any “Expected Outputs” listed in Program Requirements (See Section 5 for Program Requirements).**

**Expected Outcomes**-List the intended benefit(s) for participants during or after their involvement with a program, **to include all “Expected Outcomes” listed in the Program Requirements**, as well as any additional outcomes already established for the program. If no “Expected Outcomes” are listed in the Program Requirements, Proposer shall identify their own expected outcomes for the program. Proposer identified expected outcomes must reflect increases, decreases, or maintenance of knowledge, skills, behaviors, condition, and/or status.

**Indicators** –List the measurable approximations of the outcomes you are attempting to achieve, **to include any required “Indicators” listed in the Program Requirements.** Indicators are the observable or measurable characteristics which indicate whether an outcome has been met, which shall be expressed by number and/or percentage.

For more examples of Inputs, Processes, Outputs, and Outcomes, see 2006 DHHS Outcomes Presentation, March 16, 2006, at: <http://www.county.milwaukee.gov/display/router.asp?docid=15483>

**Projected Level of Achievement**-Using column F of your Program Logic Model (Item 29a), **identify the number and percentage of participants you project will achieve each “Expected Outcome” for the program proposed.**

Describe methods of data collection proposed. Describe how consumers and community members are integrated into the process of evaluating the program, as appropriate, e.g., through satisfaction surveys, board and committee membership, public forums, etc. Include copies of any instruments used to collect feedback from consumers or the community. Give a specific example of how the results of this feedback have been used.

# PROGRAM LOGIC MODEL (Sample)

ITEM # 29a

A Inputs	B Processes/Program Activities	C Outputs	C1 For evaluation report Actual level of achievement	D Expected Outcomes	E Indicators	F Projected level of achievement	G For evaluation report		H Description of changes
							Actual level of achievement	Description of changes	
example Staff Clients Community sites (list major ones) Community living curriculum Transportation (vans)	Staff establish sites for community activities.	32 unduplicated clients will participate in 500 community living experiences.		Outcome 1: Clients increase awareness of community resources.	Number and percent of clients who demonstrate an increase in awareness of community resources, as measured by pre and post test scores	24 (75%) of clients will achieve the outcome			
	Staff and clients identify community interests.			Outcome 2: Clients increase utilization of public and private services in their community.	Number and percent of clients who demonstrate an increase in utilization of public and private services in their community	24 (75%) of clients will achieve the outcome			
	Staff arrange/coordinate transportation to/from community activities.			Outcome 3: Clients generalize acquired skills to other home and community living situations	Number and percent of clients who generalize acquired skills to other home and community living situations	24 (75%) of clients will achieve the outcome			
	Staff facilitate community activities.								
	Staff conduct pre and post activity workshops to teach and support clients' involvement in community life								

PROGRAM LOGIC MODEL

ITEM # 29a

A	B	C	C1	D	E	F	G		H
			For evaluation report Actual level of achievement				For evaluation report		
Inputs	Processes/Program Activities	Outputs		Expected Outcomes	Indicators	Projected level of achievement	Actual level of achievement	Description of changes	
example									

## PROGRAM NARRATIVE

ITEM # 29b

Identify the name of the program for which you are applying.

**Provide a narrative to adequately describe the program you are proposing. The Program Description Narrative MUST correspond with and derive from Item 29a, Program Logic Model. In particular, the proposed program must include all Required Program Components, Required Documentation, Expected Outputs, Expected Outcomes, and Indicators. If no “Expected Outcomes” are listed in the Program Requirements, Proposer shall identify their own expected outcomes for the program. Proposer identified expected outcomes must reflect increases, decreases, or maintenance of knowledge, skills, behaviors, condition, and/or status. Where indicated, programs must utilize Indicators as they appear in the Program Requirements, OR Proposer shall propose a minimum of one indicator for each “Expected Outcome”.**

Describe the agency's ability to provide this program, and the agency's experience serving the targeted populations. Include any existing agency programs utilizing a similar service delivery system and the number of years the program has been in operation.



## PERFORMANCE ASSESSMENT FOR NEW PROPOSER AGENCY

ITEM # 29c

For existing agencies (agencies with some history of operating activity) without current or recent-within last two years-DAS:OPD contracting experience, complete and submit this form. **This document shall be completed by a prior funder**, and is subject to verification.

Performance Assessment for (Agency)\_\_\_\_\_

From (Funding Source)\_\_\_\_\_

Please provide the following information relating to Agency's history with Funding Source.

1. Name of Program\_\_\_\_\_

2. When and for how long did Funding Source fund this program?\_\_\_\_\_

\_\_\_\_\_

3. Program volume: How many people did this program serve?\_\_\_\_\_

4. Target Population: What was the primary target population for this program?\_\_\_\_\_

\_\_\_\_\_

5. What was the dollar amount provided by Funding Source?\_\_\_\_\_/year

6. What services were provided through this program?\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Was this program funded through a federal, state or local funding stream under a cost reimbursement framework? (Y/N)\_\_\_\_\_

8. If no longer funding this program, why not?\_\_\_\_\_

\_\_\_\_\_

## PERFORMANCE ASSESSMENT FOR NEW PROPOSER AGENCY

ITEM # 29c Page 2

9. What level of program performance was achieved? Please calibrate your ratings according to the following scale:

- 0 Does/did not meet expectations
- 1 Meets/met very little of what is/was expected
- 2 Meets/met fewer than half of expectations
- 3 Meets/met more than half of expectations
- 4 Meets/met all expectations
- 5 Exceeds/exceeded all expectations

Please evaluate the following performance areas circling the number corresponding to the rating scale on previous page:

Appropriate use of budget

0      1                  2                  3                  4                  5                  NA

Comments: \_\_\_\_\_

\_\_\_\_\_

Achievement of established outcomes

0      1                  2                  3                  4                  5                  NA

Comments: \_\_\_\_\_

\_\_\_\_\_

Timely submission of program reports

0      1                  2                  3                  4                  5                  NA

Comments: \_\_\_\_\_

\_\_\_\_\_

Accurate submission of program reports

0                  1                  2                  3                  4                  5                  NA

Comments: \_\_\_\_\_

\_\_\_\_\_

Signed,

\_\_\_\_\_

Name (print) \_\_\_\_\_

Title \_\_\_\_\_

**PERFORMANCE ASSESSMENT FOR NEW PROPOSER  
ORGANIZATIONAL LEADERSHIP**

ITEM # 29d

For new agencies, or for agencies without a contracting history of any kind, complete and submit this form. A separate form should be submitted for the *head of the organization, senior fiscal and program staff*. **This document shall be completed by a prior funder by a prior employer**, and is subject to verification.

A separate form should be submitted for the *head of the organization and senior fiscal and program staff*. Please have a prior funder or a prior employer complete the form(s).

Performance assessment for (Individual): \_\_\_\_\_

From (Agency) \_\_\_\_\_

Please provide the following information relating to Individual's history with Agency.

1. Individual's title \_\_\_\_\_

\_\_\_\_\_

2. When and for how long did Individual work for Agency? \_\_\_\_\_

\_\_\_\_\_

3. Program volume: How many people were served by this program? \_\_\_\_\_

What was Individual's role in program administration?

\_\_\_\_\_ Direct      \_\_\_\_\_ Indirect (supervision)      \_\_\_\_\_ Limited or none

4. Target Population: What was the primary target population for this program? \_\_\_\_\_

\_\_\_\_\_

5. What was the dollar amount provided by Funding Source? \_\_\_\_\_/year

What was Individual's role in fiscal management of the program?

\_\_\_\_\_ Direct      \_\_\_\_\_ Indirect (supervision)      \_\_\_\_\_ Limited or none

6. What services were provided through this program? \_\_\_\_\_

\_\_\_\_\_

7. If no longer funding this program, why not? \_\_\_\_\_

\_\_\_\_\_

**PERFORMANCE ASSESSMENT FOR NEW PROPOSER LEADERSHIP**

ITEM # 29d-Page 2

8. What level of program performance was achieved? Please calibrate your ratings according to the following scale:

- 0 Does/did not meet expectations
- 1 Meets/met very little of what is/was expected
- 2 Meets/met fewer than half of expectations
- 3 Meets/met more than half of expectations
- 4 Meets/met all expectations
- 5 Exceeds/exceeded all expectations

Please evaluate the following performance areas circling the number corresponding to the rating scale on previous page:

Appropriate use of budget

0      1                      2                      3                      4                      5                      NA

Comments: \_\_\_\_\_

\_\_\_\_\_

Achievement of established outcomes

0      1                      2                      3                      4                      5                      NA

Comments: \_\_\_\_\_

\_\_\_\_\_

Timely submission of program reports

0      1                      2                      3                      4                      5                      NA

Comments: \_\_\_\_\_

\_\_\_\_\_

Accurate submission of program reports

0      1                      2                      3                      4                      5                      NA

Comments: \_\_\_\_\_

\_\_\_\_\_

Signed, \_\_\_\_\_

Name (print) \_\_\_\_\_

Title \_\_\_\_\_

## 2013 PROVIDER SERVICE SITE INFORMATION

ITEM #30

Provide a separate sheet for each site location where services are provided.

Agency Name:	Site Name:
Site Address:	City/State/Zip:
Site Contact Person:	Title:
Phone:	Email:
Fax:	

Describe differences in programs or services available at this site:

Total number of unduplicated consumers you are presently able to serve at any one time: \_\_\_\_\_

Total number of unduplicated consumers you are currently serving: \_\_\_\_\_

Please check if your agency provides the following at this site:

- ☐ Programs for men    ☐ Programs for women    ☐ Programs for men & women  
☐ Services for pregnant women  
☐ Services for families with children    ☐ Childcare provided  
☐ Services for Persons Involved in the Criminal Justice System  
☐ Services for people with developmental disabilities  
☐ Services for people with physical disabilities  
☐ Services for persons with co-occurring mental health and substance use disorders  
☐ Wheelchair accessible  
Hours of operation:    ☐ for specific program    ☐ for all programs at this site  
☐ Monday:  
☐ Tuesday:  
☐ Wednesday:  
☐ Thursday:  
☐ Friday:  
☐ Saturday:  
☐ Sunday:  
☐ Emergency contact available 24 hours    ☐ Emergency number \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## **STAFFING PATTERN**

*ITEM # 31*

Describe the staffing pattern and its relationship to the volume of clients or services to be provided. Describe in terms of staff to client ratios, client volume or case load per staff, or how many staff are needed to perform a particular activity. Provide a description of your agency's proposed strategy for handling fluctuations in staffing needs. Please cite specific examples. Examples may include, but are not limited to: referral networks, flexible staffing, on-call staff, or "pool" workers, and other strategies to expand or reduce physical or staff capacity due to crisis, variations in client volume, or other staffing emergencies.

Agencies providing services at more than one site must include a description of the staffing pattern for each site, if different. If the staffing pattern is the same for each site, include a statement to that effect.

## YEAR 2013 STAFFING REQUIREMENTS-DIRECT SERVICE STAFF

ITEM # 32

Indicate the number of staff necessary to achieve your proposal objectives, considering only direct staff, as indicated by codes 02 and 04 on Forms 2 and 2A. **Executive staff providing direct services to clients should be budgeted as either "Professional Salaries" or "Technical Salaries" on Budget Forms 2 and 2A.** Provide a job description plus necessary qualifications for each direct service position (sections A & B) (make additional copies as necessary). ***Complete the attached roster (item 33) for current staff working in each program for which an application is being submitted.*** If the position is unfilled at the time of application submission, indicate the vacancy and provide updated staffing form within 30 days of when position is filled.

PROGRAM \_\_\_\_\_ 2013 PROGRAM  
No. \_\_\_\_\_

POSITION TITLE \_\_\_\_\_ NO. OF STAFF: \_\_\_\_\_

Job Description for this position as required to meet the needs of the program specifications. Include qualifications needed to perform job (including certifications or licenses and experience requirements to perform the job).

Annual tuition reimbursement granted for this position: \$ \_\_\_\_\_

Annual turnover for *this position*, as measured by Total number of separations (including voluntary and involuntary) from this position in the twelve months prior to completing this application divided by the Average number of employees in this position for the twelve months prior to completing this application (show calculation): \_\_\_\_\_ / \_\_\_\_\_ = \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

**CURRENT PERSONNEL ROSTER – DIRECT SERVICE STAFF**

ITEM # 33

Employee Name	Position/ Title	Academic Degree(s)	License / Certificates	# Program related in- service / contin. educ. hours compl. in previous year	Years of exp. in related field	Years of exp. with clients in target pop.	Years of exp. with visually impaired clients as a target pop.	Years of exp. with hearing impaired clients as a target pop.	Years of exp. with clients with limited English proficiency	List languages spoken, other than English

**Certification Statement Regarding Provider Credentials**

The contractor certifies the following: (1) all providers' licenses and certificates as listed above are current and valid; (2) providers are current and up-to-date with all training requirements as required by the State of Wisconsin; (3) the agency has a system in place to verify providers' credentials and completion of required education and training; and (4) the agency maintains all provider credentials on file and agrees to make these documents available for review upon request by Milwaukee County DAS:OPD.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_



## PROGRAM ACCESSIBILITY

ITEM # 34

What is your agency's plan to serve clients:

- With physical disabilities
- With developmental disabilities
- With hearing impairment
- With visual impairment
- Who are non- English speaking or have limited English proficiency
- Who require personal care assistance

List any other services enhancing program access. e.g. agency located near public transportation, etc.

## **PROGRAM EVALUATION (No Submission Required with Proposal)**

ITEM # 35

**For agencies with 2012 DAS:OPD contracts**, evaluation reports for current programs are due by July 15th, 2013. Compliance with this contract requirement constitutes “submission” of this application Item. Evaluation reports must conform to the following, in format and content:

**Using Column G of your Program Logic Model (Item 29a) for the current year’s program, identify the number and percentage of participants who have achieved each “Expected Outcome” for each program delivered.** Using the Program Logic Model, the evaluation reports must consider actual outcomes achieved against outcomes projected in the logic model and must include a copy of the measurement tool (e.g., pre/post test, etc.) used to measure the achievement of the outcome. Using Column H of your Program Logic Model (Item 29a), describe modifications to program and/or indicators and/or projected level of achievement for future reporting periods, based on the findings of the evaluation.

Describe methods of data collection used. Describe how consumers and community members have been integrated into the process of evaluating the program, as appropriate, e.g., through satisfaction surveys, board and committee membership, public forums, etc. Include copies of any instruments used to collect feedback from consumers or the community. Give a specific example of how the results of this feedback have been used.

**Evaluation Reports for the 12 months ending June 30, 2013 are due August 6, 2013. For new contractors, evaluation reports are for the 6 mos. ending June 30, 2013.**

*The evaluation reports should be submitted to the Mike Bonk, Office for Persons with Disabilities, 901 N. 9<sup>th</sup> Street, Room 307 B, Milwaukee, WI. 53233.*

## CLIENT CHARACTERISTICS CHART

ITEM # 36

### ETHNICITY DEFINITIONS

1. **Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes China, Japan, Korea, the Philippine Islands and Samoa.
2. **Black:** All persons having origins in any of the Black racial groups in Africa.
3. **Hispanic:** All persons of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. (Excludes Portugal, Spain and other European countries.)
4. **American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and those persons who maintain cultural identification through tribal affiliation or community recognition.
5. **White:** All persons who are not Asian or Pacific Islander, Black, Hispanic, or American Indian or Alaskan Native.

### PERSONS WITH DISABILITIES DEFINITIONS

A Person with a Disability is defined pursuant to Section 504 of the Rehabilitation Act of 1973.

1. Any person who has a physical or mental impairment which substantially limits one or more major life activities (e.g., caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working);
2. Any person who has a record of such impairment; or,
3. Any person who is regarded as having such impairment.

Describe your data source for completing this form. If your projected client composition differs from your previous year's actual client composition, describe the basis for the difference.

**2013 CLIENT CHARACTERISTICS CHART**

ITEM # 36

Agency Name \_\_\_\_\_

Disability/Target Group \_\_\_\_\_

Program Name \_\_\_\_\_

**2013**

Facility Name &amp; \_\_\_\_\_

Address \_\_\_\_\_

**CY 2013 Estimated**

**1. Unduplicated Count of Clients to be Served/Year (Form 1, Column 1). If your estimate differs from prior year actual, provide an explanation on a separate attached page:**

**2. Age Group:**

	Number	Percent (%)	Prior year actual
a. 0 - 2			
b. 3 - 11			
c. 12 - 17			
d. 18 - 20			
e. 21 - 35			
f. 36 - 60			
g. 61 & over			
<b>TOTAL</b>			

**3. Sex:**

a. Female			
b. Male			
<b>TOTAL</b>			

**4. Ethnicity:**

a. Asian or Pacific Islander			
b. Black			
c. Hispanic			
d. American Indian or Alaskan Native			
e. White			
<b>TOTAL</b>			

**5. Other:**

a. Persons with disabilities			
b. Not applicable			
<b>TOTAL</b>			

Date Submitted: \_\_\_\_\_

*The total in each category must be equal to the number in Form 1, Column 1, Total Number of Cases (Clients) to be served per Year.*

(Rev 9/07)

## **PART 4: OVERVIEW OF PROPOSAL REVIEW PROCESS**

### **PROPOSAL REVIEW EVALUATION CRITERIA**

**MILWAUKEE COUNTY DEPARTMENT OF ADMINISTRATIVE SERVICES: OFFICE FOR  
PERSONS WITH DISABILITIES  
REQUEST FOR PROPOSAL REVIEW PROCESS**

**I. Proposal Review Panel Selection and Representation**

**A. Proposal Review Panel Selection**

Proposals to provide services under a purchase contract for the DEPARTMENT OF ADMINISTRATIVE SERVICES: OFFICE FOR PERSONS WITH DISABILITIES shall be evaluated by panel members with familiarity and/or experience in the field of social/human services. Panel members and their immediate families (Spouse, Parent, Child, Sibling or Significant Other) may not have any familial, official, board member, employment, fiduciary or contractual relationships with organizations currently funded by Milwaukee County in the program area for which the Proposer has applied, or hold any ownership, contractual or employment interests in the Proposer or its subsidiaries under consideration. At the discretion of DAS:OPD administrators, respective program, quality assurance and contract administration staff may serve on review panels. Staff will not comprise the majority of panel members. Outside panel members will be selected from various sources including the following:

- community volunteers and representatives;
- representatives of professional and educational organizations;
- representatives of community councils and advocacy organizations.

Recommendations of persons to serve on proposal review panels are welcome from appropriate governmental entities, i.e., Disadvantaged Business Development Department, etc.

**B. Proposal Review Panel Representation**

Panel representation to review proposals submitted for contract recommendations shall include:

- minority and culturally diverse representation;
- consumer / service recipient representation or their guardians, if applicable.

The primary role of DEPARTMENT OF ADMINISTRATIVE SERVICES: OFFICE FOR PERSONS WITH DISABILITIES staff shall be to serve in a consulting capacity to panel members. Respective staff shall convene the panel at a specific time and place to discuss the review process in a group setting, and, following the review, to finalize the proposal ratings prior to averaging the scores. Staff, as consultants, shall provide responses to program and procedural information including:

- past performance of an Proposer;
- Proposer's problem solving and responsiveness to issues;
- program knowledge;
- program needs; and,

- program outcomes and performance reviews.

Using the established review criteria, representatives participating on a review panel will score each proposal independently on a preliminary basis, with the final proposal analysis reporting an average score of the proposal.

1. Panel representation for **more than one proposal** submitted to provide the same program or service for the DAS:OPD will include a **minimum of three members**. The panel shall be comprised of as broad a base of community, minority and culturally diverse, consumer/service recipient representation as possible. Based on the discretion of Office administrative staff, or on program factors, number of proposals submitted, and minority and culturally diverse representation, etc., panels may be comprised of more than three members including one program or quality assurance staff, and one contract administration staff. Staff will not comprise the majority of panel members.
2. Panel representation when **only one proposal is submitted** to provide a particular program or service will be **no more than two members**. The panel for only one proposal submitted to provide a program or service may be comprised of just one member if the member is a community representative. Alternately, if only one proposal is received and the proposer is an incumbent agency that is the current provider of the program services for which proposals are being requested, DAS:OPD may convene a panel of two members to score the proposal; however, both panel members may be DAS:OPD staff and a community representative is not required. If only one proposal is received, and the proposer is not an incumbent agency, the panel will be comprised of no more than two members, and at least one member must be a community representative.
3. Though there is not a competitive review process for programs and services purchased by the DAS:OPD on a multi-year funding cycle or designated provider agencies, the agencies submitting proposals for all divisions are required to submit application items identified in the *Purchase of Service Guidelines: Technical Requirements*. Program, quality assurance and/or contract administration staff will perform a screening of items submitted by agencies in this category.
4. If an agency with a current contract is the only Proposer for the same program only an internal review and scoring will take place.

## **II. General Guidelines**

- A. The role of the review panel is to rate proposals against the published scoring criteria. These ratings are forwarded to Administrators who may accept or dispute them. If an Administrator disputes an evaluation panel's scoring, the panel shall be apprised of the item in dispute, the related criterion and the basis for the dispute. The panel shall then be reconvened to discuss and evaluate the basis for the dispute and make a determination to uphold or modify their original

rating based on any new information presented. Any alteration to the panel's scoring of a proposal shall be noted in the report to the Milwaukee County Board of Supervisors when a contract recommendation is made by the Office Administrator.

- B. The primary measure of the quality of the Proposer's proposal will be specific examples of successful previous experience which relates to the various items in the proposal. Successful previous experience will be measured and scored based on the current and recent County contract performance of Proposers, or, for new Proposers, current and recent non-County contract performance, or, for new organizations, the current and recent experience of senior staff at Proposer's agency.
- C. The review process may include verification of assertions made by the Proposer in the proposal, including but not limited to site visits, record review and interviews and reference checking. The County reserves the right to contact any or all Proposers to request additional information for purposes of clarification of RFP responses.
- D. Reviewers will score proposals against the published criteria, and will not consider non-published criteria.
- E. Criteria to be considered in evaluating proposals include the Proposer's ability to provide the proposed program, the Proposer's proposed program relative to that proposed by other Proposers, and the Proposer's proposed cost to provide the program or service compared to the cost proposed by other qualified Proposers.
- F. For omissions of requested items, Proposers will have scores reduced to 0 for any corresponding review line item, or for requested items which do not have an associated review line item, will receive a reduced score under the "Administrative Ability" section. However, omission of certain requested items may result in proposals not receiving any further consideration.
- G. Division Administrators and/or the Health and Human Needs Committee of the County Board of Supervisors may consider factors other than scoring in making contract awards.

### **III. Proposal Evaluation Criteria**

- A. **Administrative Ability - 12 points.** The Proposer demonstrates evidence of administrative capacity to meet federal, state, county and creditor requirements, including timeliness of required submissions and payment of obligations. Proposer demonstrates an ability to provide timely and accurate monthly client and financial reports. Proposer demonstrates an ability to be responsive to crisis situations, including, but not limited to, variations in client referral volume and serving exceptional cases.

In scoring proposals, for agencies currently under contract with DAS:OPD, reviewers will consider the on time and accuracy rate of Proposer in prior year's



required submissions. For new Proposers, reviewers will consider the on time and accuracy rate of Proposer as described by the person providing the required Performance Assessment report (item 31c or 31d). Additionally, in scoring proposals for Administrative Ability, reviewers will consider the accuracy and completeness of the proposal. Inaccurate or incomplete proposals will receive reduced scores.

In scoring Administrative Ability, reviewers will consider the size, structure, experience, and independence of the board of directors and officers.

The Proposer shall describe its history, if any, as well as proposed strategy for handling crisis situations, as defined above, using specific examples. For full points, Proposer must have an existing system in place that addresses crisis situations. For Proposers without previous experience handling crisis situations, proposal will be scored based on the quality of proposed strategy. Examples of strategies to respond to crisis situations can include, but are not limited to: referral networks, flexible staffing arrangements-such as contingency workers, on-call staff, or “pool” workers, and other strategies to expand or reduce physical or staff capacity.

Administrative Ability will also be scored based on reviewers’ prior experience, if applicable, with Proposer relating to these criteria.

- B. **Budget Justification - 13 points.** The Proposer provides a budget that is accurate, clear, and in sufficient detail. The budget effectively and efficiently supports the level of service, staffing, and the proposed program. The Proposer's proposed cost to deliver the service, compared to other Proposers, reflects the quality and quantity of service to be provided. The reviewer's analysis will include: unit cost comparisons and/or budget overview, total number of units of service to be provided, any limitations on the total number of clients to be served during the contract period.

Budget Justification will also be scored based on reviewers’ prior experience, if applicable, with Proposer relating to these criteria.

- C. **Cultural Diversity and Cultural Competence - 9 points.** The program takes actions that show its commitment to the goals of cultural diversity and cultural competence in the workplace, including diversity in staffing practices and Board/committee composition as well as serving a culturally diverse population in a culturally competent manner.

In evaluating Cultural Diversity in proposals, reviewers will consider the representation of racial and cultural minorities in board and staff relative to the representation of racial and cultural minorities in the projected target population, as measured by data on forms Board of Directors, Owners, Stockholders Demographic Summary (Item 5), Client Characteristic Chart (Item 38) and Employee Demographics Summary (Form 2B, Item 27). For full points, Proposer must demonstrate a ratio of board and staff which is greater than or equal to the ratio of racial and cultural minorities in the projected target

population. If Proposer receives less than full points for this item, one point will be added to the score if the Proposer can demonstrate proof of specific action(s) taken within the previous year geared toward increasing board or staff diversity. The action(s) taken must be supported with documentation.

In evaluating Cultural Competence in proposals, reviewers will consider the Proposer's proposed methods for developing and maintaining Cultural Competence as well as the Proposer's history of performance in this area. Proposer must provide specific examples of existing and/or proposed policies, procedures, and other practices, if any, which promote Cultural Competence. For full points, Proposer will have a history of promoting Cultural Competence. Examples of acceptable policies, procedures, and practices can include, but are not limited to: providing in service or other training, or involvement of consumers in policy-making, planning, service delivery, and/or evaluation.

Cultural Diversity and Cultural Competence will also be scored based on reviewers' prior experience, if applicable, with Proposer relating to these criteria.

- D. **Previous Experience – 13 Points.** The Proposer's experience demonstrates the ability to provide the proposed service to the target group. For Proposers without prior Milwaukee County experience, information will be gathered from Performance Assessments provided by the Proposer following a prescribed format. Documented non-performance or noncompliance under previous contracts will be taken into consideration.

In evaluating experience in proposals, reviewers will consider:

Past Service Experience with similar contracts. Similarity to be measured by looking at specific, detailed examples of **successful** current or recent contracts in terms of: 1) program volume, 2) target population, 3) dollar amount of contract, and 4) service mix. For full points, Proposer currently successfully operates a program which meets or exceeds these four criteria. In evaluating "success" reviewers will consider the content of evaluation and other program reports, as well as Quality Assurance findings and corrective action plans, as applicable.

Previous Experience will also be scored based on reviewers' prior experience, if applicable, with Proposer relating to these criteria.

- E. **Mission– 5 Points.** The Proposer has a clear and distinct mission and goal statement for its agency which is aligned with that of the contract division applied to.

Mission and Goals will also be scored based on reviewers' prior experience, if applicable, with Proposer relating to these criteria.

- F. **Outcomes and Quality Assurance – 13 Points.** For Proposers with a current or recent County contract, scoring will be based on compliance with submission deadline, required content and overall findings of

program evaluation reports. For new Proposers or Proposers without a current DAS:OPD contract within the last two years, scores will be derived from item 29c or 29d as applicable.

Outcomes and Quality Assurance will also be scored based on reviewers' prior experience with Proposer, if applicable relating to these criteria.

**G. Service Plan and Delivery – 23 Points.**

Evaluation and scoring of the Service Delivery Plan will consider its:

- Consistency with program objectives as defined by DAS:OPD in the Year 2013 Purchase of Service Guidelines Program Requirements and the contract agency.
- Rationale and theories supporting the program activities. Proposers should use research or other evidence-based support for their program model.

There is a performance improvement plan, which includes measurement of outcomes, and demonstrated use of performance information to improve services and program management. For full points, Proposer must describe service delivery in terms of inputs, processes, outputs, and outcomes, and indicators as described in Items 31a and b.

Service Delivery Plan will also be scored based on reviewers' prior experience, if applicable, with Proposer relating to these criteria.

**H. Staffing Plan – 12 Points.** The Proposer demonstrates an ability to provide effective staffing and agency oversight, including board review and direct service staff supervision. Staffing levels are adequate, and staff is adequately compensated. Staff are licensed and certified as appropriate, or meet other required qualifications. Direct service staff is appropriately experienced. Proposer's turnover rate of direct service staff and training for direct service staff will be compared and ranked against the other Proposers' proposals. Compensation of lowest paid staff will be compared and ranked against the other Proposers' proposals.

Proposer must include average years of experience and turnover rate for direct service staff. For new agencies without a prior contracting history of any kind, Proposer must indicate the required years of experience for direct service staff proposed for the program. Proposer must indicate what type of training is available to staff, including in-service training, tuition reimbursement (if applicable) benefits and utilization, and other training activities such as conference attendance, etc. For full points, Proposer must indicate the specific type and quantity of training available and utilized by direct service staff during the previous year, and the type and quantity is appropriate.

Staffing Plan will also be scored based on reviewers' prior experience, if applicable, with Proposer relating to these criteria.

**TOTAL SCORE**

**100 POINTS**

**SECTION 5:**  
**PROGRAM REQUIREMENTS**

## 5. PROGRAM REQUIREMENTS

### SECTION V PROGRAM / SERVICE GUIDELINES OR SPECIFICATIONS

#### ABSTRACT:

The Milwaukee County Executive Office for Persons with Disabilities assumed primary responsibility to provide Milwaukee County recreation programs for people with disabilities on January 1, 2006. The Office has expressed its intention to promote inclusive and integrated community-based programs in addition to existing center-based programs at Wil-O-Way Grant (207 S. Lake Drive) and at Underwood Park (10602 Underwood Parkway.)

The position of Disabilities Recreation Manager position was created within the Office to provide a fixed point of responsibility for the success of this initiative. The Disabilities Recreation Manager will secure and manage contract resources to serve the recreation aspirations and needs of Milwaukee County consumers with disabilities.

With this RFP, the Office seeks an agency partner skilled in, as well as committed to, providing inclusive, integrated, and accessible recreation for consumers with developmental, physical, sensory and behavioral disabilities. The partner agency will work with the Disabilities Recreation Manager in designing and implementing summer, fall, and winter center-based evening programs, a six week summer day camp (including application processing and transportation coordination), **a one week adventure camp**, and supported integrated community activities. In addition contractors should consider planning for alternative recreation options including: 1) Day programming. 2) Weekend programming options 3) Programming opportunities that utilize the Wil-O-Way facility wading pool, disc golf course, and playground resources. 4) Activities that focus on the participants and their families.

The agency partner will be expected to act as an information and referral resource for other recreation programs and general services that Wil-O-Way participants and Milwaukee County residents may require. The successful partner agency will also be required to be authorized to provide contracted services under the Family Care program and is required to process billing for reimbursable services under that program. The success of this comprehensive program rests on coordination and cooperation between consumers, their families and friends, volunteers, skilled staff, and community contributors. The partner agency is required to assure that Wil-O-Way programs, services, and activities are welcoming, accessible, and of interest to all people with disabilities.

This proposal covers a thirty-six month period. Current projections identify up to **\$265,000** of available contract funding and an unspecified amount of funds through Family Care supported respite services. At this time we do not anticipate changes in the funding level for 2013 and subsequent years. Final award is subject to the contract rules of Milwaukee County and is further subject to the availability of funds.

#### A SUMMARY OF REQUIRED SERVICES

##### Program Description:

The Wil-O-Way Recreation Program, sponsored by the DAS Office for Persons with Disabilities, is comprised of these major program components: the Wil-O-Way summer day camps located in Grant and Underwood Parks, year-round center-based recreation activities, and special community events. For the RFP program years, 2013 through 2015, OPD invites responding organizations to propose providing the

entire range of programs, the summer day camp only, or the year-round community and center-based events. Through an evaluative process, OPD will determine which proposal(s) best meet the needs of participants with disabilities, their families, and support systems.

#### Summer Day Camp:

During the 2010-12 program years, an average of 130 campers attended the 6 week day camps located at Grant and Underwood Parks. Participating campers and their families have expressed interest in additional weeks of programming. OPD would consider any proposals which would extend the length of the camp with a corresponding reduction in the number of campers served.

The successful provider agency will be responsible for all major components of a successful camp experience to include: camp promotion, registration, camp operation and staffing, coordination of transportation, etc.

#### Year-Round Center and Community Events:

During the 2010-12 program years, Center dances and community bowling programs were well-attended mainstay programs. Center-based recreation offerings were significantly less well attended. Special events including community sailing, snow mobiling, and disc golf events were also well attended. OPD is interested in a program plan which will consider best use of available funding which increases the number of people served, provide alternatives not already readily available, and which expands welcoming opportunities for participation throughout the community for people with disabilities, their families, and friends. Involving consumers in planning, and implementing programs as appropriate, is encouraged.

#### REQUIRED SERVICES:

1. The provider must offer programs and services **either directly or through coordinating and scheduling the Wil-O-Way facilities for other agencies who will supplement the programming the provider offers.**

Programs should be designed to be fully accessible and welcoming to people with **developmental, physical, sensory and behavioral disabilities**. People with disabilities should be involved in actively planning and participating in programs which expand their skills and involvement in the community. Special efforts must be afforded to inform and serve potential participants in zip codes 53216, 53206, 53212, 53205, 53208, and 53233.

The provider agency must host two dances per month at each facility. Applicants must provide a proposal for programming including ideas for additional/new/alternative programs and services to be implemented in 2013 and proposed for subsequent years. The partner agency is encouraged to expand community activities of interest to people with disabilities, their families, and friends.

2. When the Wil-O-Way Centers are used, the provider agency will manage the facilities during which programming is being offered. This includes on site staff to assure that class/activity leaders are present, program participants and other groups using the facilities are in a safe environment and that the building is secured before leaving.
3. The provider agency will operate at minimum, a six week summer camp at both facilities. Responsibilities will include staffing, program development, management and supervision of supplementary personnel (including participants in Workforce Investment Board Programs), pool operation, minor maintenance and grounds cleanup. A medical staff person certified to

administer medication and address medical incidents must be available on site during summer camp.

At present, approximately 130 individuals receive respite and recreation at the camps. OPD would entertain lengthening the camp season with some reduction in the number of campers served.

4. The provider agency will coordinate information and assistance to Wil-O-Way participants and other Milwaukee County residents and their families seeking to obtain services. Referrals to appropriate agencies and assistance in obtaining needed services will be provided. Follow up to ensure that the needed services have been provided.  
The program partner will also be required to process billing for reimbursable services through third party revenue sources.
5. The provider agency must be willing to work with the CRC on non-center-based activities that may be mutually agreed upon and included in the Office for Persons with Disabilities contract including participation in special Wil-O-Way Key Card events.
6. The provider agency will also collect outcome-based measures consistent with Office for Persons with Disabilities guidelines.
7. The Office for Persons with Disabilities may seek donated, or other earned sources of financial support for the services, programs, and activities associated with this initiative. The provider agency will be expected to participate in these efforts.

## **Table of Contents**

### **Recommended Programs and Tentative Allocations**

**Page**

**Program Name**

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**\*Final 2013 allocations are contingent on the 2013 adopted budget.**

Programs are only required to submit full applications for panel review once every three years. Assuming satisfactory performance and the continued availability of funds, agencies submit abbreviated applications and are given a one-year contract extension during each year their proposals are not being reviewed by a full panel.



**SECTION 6:**  
**AUDIT AND REPORTING**

## SECTION 6.1: ANNUAL AUDIT REQUIREMENTS

### 6.1.1. General Requirements

Annual audits of contract agencies receiving \$25,000 or more from Milwaukee County DEPARTMENT OF ADMINISTRATIVE SERVICES: OFFICE FOR PERSONS WITH DISABILITIES are required per Wisconsin Statutes, Section 46.036(4)(c). Those audits are to be performed in accordance with the requirements of the Wisconsin *Provider Agency Audit Guide (PAAG)*, 1999 revision issued by Wisconsin Departments of Health and Family Services, Corrections and Workforce Development. The PAAG includes the following audit reports and schedules:

- Auditor's Opinion on Financial Statements and Supplementary Schedule of Expenditures of Federal and State Awards.
- Financial Statements of the Overall Agency.
- Schedule of Expenditures of Federal and State Awards.
- Incorporated Group Home/Child Caring Institution Supplemental Schedule.
- Reserve Supplemental Schedule.
- Report on Compliance and on Internal Control over Financial Reporting Based on an Audit of Financial Statements in Accordance with Governmental Auditing Standards and the Provider Agency Audit Guide.
- Schedule of Prior Year Findings.
- Schedule of Current Year Findings.
- Corrective Action Plan.
- Schedule of Findings and Questioned Costs.

### 6.1.2. Milwaukee County DEPARTMENT OF ADMINISTRATIVE SERVICES: OFFICE FOR PERSONS WITH DISABILITIES Requirements

The allowability of costs is determined by the Federal Allowable Cost Principles found in *O.M.B. Circular A-122* for non-profit agencies and the Code of Federal Regulations 48 CFR part 31 for for-profit entities, and State Allowable Cost Principles found in the *Allowable Cost Policy Manual* issued by the Wisconsin Department of Health and Family Services. Purchase of Service Contracts effective January 1, 2006 and later also limit the allowability of costs based on variance from the approved budget(s).

The annual audit report shall contain a budget variance and reimbursable cost calculation for each program contracted, as identified as a separate line item in Attachment I of the Purchase of Service Contract. Such report shall follow the prescribed format, and determine the budget variance for each line item within the approved budget. Costs allowable under State and Federal Allowable Cost guidelines that exceed the approved budget by the greater of (1) 10% of the specific budget line item or (2) 3% of the total budget amount are deemed unallowable and not reimbursable under this contract. In no event shall the reimbursable amount exceed the contract amount.

An annual audit report in which the Schedule of Program Revenues and Expenses omits information or presents line-item information utilizing classifications not in strict adherence to those found in Budget Form 3 will place the Contractor out of compliance with the contract.

In past years, many auditors have prepared audited financial statements and supplementary schedules with total disregard to the requirements in the contract. This has placed many Contractors in technical non-compliance. Effective with 2006 Purchase of Service Contracts, such deviations from the contract requirements may cause budget variances, resulting in fiscal recoveries owed DAS:OPD that would not be owed if the auditor had complied with the requirements of the contract. **IT IS IMPORTANT THAT YOUR AUDITOR READ THE CONTRACT, THIS SUPPLEMENT, AND AGREE TO ABIDE BY THESE REQUIREMENTS.**

In order to implement these limitations on the allowability of costs, additional schedules are required in your annual audit. These schedules must conform specifically as laid out, and cannot combine individual line items. The line items **must** conform precisely to the line items found in the *Anticipated Program Expenses*, Budget Form 3 for each individual program. A separate schedule must be prepared for each program award. **MULTIPLE PROGRAMS MAY NOT BE COMBINED INTO A SINGLE SUPPLEMENTAL SCHEDULE.**

Audited financial statements and supplementary schedules are the representation of management, not the auditor. Although auditors often prepare the financial statements and schedules on behalf of management, the accuracy and compliance of the financial statements are still the responsibility of management. If auditor prepared supplementary schedules deviate from the required content and level of detail, it is quite possible the Contractor Agency will have unallowable costs and owe money back to Milwaukee County DAS:OPD, simply because of the deficient reports. Please be sure your auditor is aware of the required schedules, their required content and the required level of detail. These schedules are your representation and responsibility; **you are the party responsible for their content and preparation, not your auditor.**

#### **6.1.3. Examples of properly and improperly reported schedules.**

Following are examples of properly and improperly prepared Supplementary Schedules of Program Revenue and Expense. These are all examples of reports based on the same underlying costs. The Contractor Agency in this example spent the contract amount; within allowable budget variance levels, on allowable expenditures, and when the Schedule of Program Revenue and Expense is properly prepared, owes no money back. All of the fiscal recoveries are the result of improperly prepared audit reports.

## EXAMPLES OF PROPERLY AND IMPROPERLY REPORTED SCHEDULES

### Underlying data and assumptions

	Budget	Actual
Wages	\$ 200,000	\$ 210,000
Benefits	50,000	57,000
Payroll Taxes	20,000	21,000
Supplies	1,000	2,000
Occupancy	150,000	140,000
Indirect:		
Payroll	40,000	35,000
Benefits	10,000	7,500
Taxes	4,000	2,500
	\$ 475,000	\$ 475,000

Example 1: Audit report correctly presented

Example 2: Audit report combines Wages, Benefits & Taxes

Example 3: Audit report segregates Benefits as Insurance & Retirement

Example 4: Audit reports Indirect Cost items as direct costs

Schedule of Revenue & Expense	Example 1	Example 2	Example 3	Example 4
Wages	\$ 210,000		\$ 210,000	\$ 245,000
Benefits	57,000			64,500
Benefits - Insurance			40,000	
Benefits - Retirement			17,000	
Payroll Taxes	21,000		21,000	23,500
Wages, Benefits & Taxes		\$ 288,000		
Supplies	2,000	2,000	2,000	2,000
Occupancy	140,000	140,000	140,000	140,000
Indirect Costs	45,000	45,000	45,000	
	\$ 475,000	\$ 475,000	\$ 475,000	\$ 475,000

**Example 1: Audit report correctly presented**

Analysis:	Budget	Actual	Variance	Maximum	Disallowed
Wages	\$ 200,000	\$ 210,000	\$ 10,000	\$ 20,000	\$ -
Benefits	50,000	57,000	7,000	14,250	-
Payroll Taxes	20,000	21,000	1,000	14,250	-
Supplies	1,000	2,000	1,000	14,250	-
Occupancy	150,000	140,000	(10,000)	15,000	-
Indirect Costs	54,000	45,000	(9,000)	14,250	-
		475,000			
Disallowed Variance		-			\$ -
	<u>\$ 475,000</u>	<u>\$ 475,000</u>			
Total Paid		<u>\$ 475,000</u>			
Recovery		<u>\$ -</u>			

**Example 2: Audit report combines Wages, Benefits & Taxes**

Analysis:	Budget	Actual	Variance	Maximum	Disallowed
Wages	\$ 200,000	\$ 288,000	\$ 88,000	\$ 20,000	\$ 68,000
Benefits	50,000	-	(50,000)	14,250	-
Payroll Taxes	20,000	-	(20,000)	14,250	-
Supplies	1,000	2,000	1,000	14,250	-
Occupancy	150,000	140,000	(10,000)	15,000	-
Indirect Costs	54,000	45,000	(9,000)	14,250	-
		475,000			
Disallowed Variance		(68,000)			\$ 68,000
	<u>\$ 475,000</u>	<u>\$ 407,000</u>			
Total Paid		<u>\$ 475,000</u>			
Recovery		<u>\$ 68,000</u>			

**Example 3: Audit report segregates Benefits as Insurance & Retirement**

Analysis:	Budget	Actual	Variance	Maximum	Disallowed
Wages	\$ 200,000	\$ 210,000	\$ 10,000	\$ 20,000	\$ -
Benefits	50,000	40,000	(10,000)	14,250	-
Payroll Taxes	20,000	21,000	1,000	14,250	-
Supplies	1,000	2,000	1,000	14,250	-
Occupancy	150,000	140,000	(10,000)	15,000	-
Indirect Costs	54,000	45,000	(9,000)	14,250	-
Unbudgeted Items		17,000	17,000	-	17,000
		475,000			
Disallowed Variance		(17,000)			\$ 17,000
	<u>\$ 475,000</u>	<u>\$ 458,000</u>			
Total Paid		<u>\$ 475,000</u>			
Recovery		<u>\$ 17,000</u>			

**Example 4: Audit reports Indirect Cost items as direct costs**

Analysis:	Budget	Actual	Variance	Maximum	Disallowed
Wages	\$ 200,000	\$ 245,000	\$ 45,000	\$ 20,000	\$ 25,000
Benefits	50,000	64,500	14,500	14,250	250
Payroll Taxes	20,000	23,500	3,500	14,250	-
Supplies	1,000	2,000	1,000	14,250	-
Occupancy	150,000	140,000	(10,000)	15,000	-
Indirect Costs	54,000		(54,000)	14,250	-
		475,000			
Disallowed Variance		(25,250)			\$ 25,250
	<u>\$ 475,000</u>	<u>\$ 449,750</u>			
Total Paid		<u>\$ 475,000</u>			
Recovery		<u>\$ 25,250</u>			

#### **6.1.4. Audit Waiver**

Wisconsin Statute 46.036 requires an audit from providers that receive more than \$25,000 from the DEPARTMENT OF ADMINISTRATIVE SERVICES: OFFICE FOR PERSONS WITH DISABILITIES or from a county. The statute allows the department to waive audits on a case-by-case basis. The waiver of the audit may be appropriate in certain circumstances, some of which are given below. The audit waiver criteria don't apply to Group Homes and Child Caring Institutions that provide out of home residential care for children. In addition, audits required under the Single Audit Act Amendment of 1996 cannot be waived (this refers to Single Audits under OMB Circular A-133 for agencies expending more than \$500,000 of federal funding).

If the provider does not need to have a federal audit, the audit may be waived when:

- Provider is identified as a low risk, (Sole Proprietor/ Single member LLC, or with funding around \$100,000, paid on a unit rate, alternative forms of financial reports are submitted, prior experiences, certain CBRF, AFH etc.)
- Provider agency agrees to increased or alternate form of reporting/monitoring efforts,
- Provider is funded solely with federal funds below the \$500,000 threshold,
- Department's funding is a very small part of provider's overall business,
- The audit will create a financial hardship on the provider, (e.g. audit fee more than 5% of funding).
- Audited information is not needed, due to alternate source(s) being available,
- The agency does not operate a Group Home or Child Caring Institution.

As stated earlier, the waiver will be allowed on case-by-case basis. A request for waiver may be submitted to Contract Administration, DEPARTMENT OF ADMINISTRATIVE SERVICES: OFFICE FOR PERSONS WITH DISABILITIES on the attached Audit Waiver Request form before the due date of the audit. The form is also available on the web at <http://www.milwaukeecounty.org/Contractmgt15483.htm>. The Audit Waiver Request form may be completed electronically and submitted as an email attachment to [Michael.Bonk@milwcnty.com](mailto:Michael.Bonk@milwcnty.com) or faxed to DAS:OPD Contract Administration at (414) 278-3939.

## SECTION 6.2: REQUIRED ANNUAL AUDIT SCHEDULES

### 6.2.1 Schedule of Program Revenue and Expense

Prepare a separate Program Revenue and Expense Schedule for each program contracted. Each program contracted is represented by a separate line item on Exhibit I of the Purchase of Service Contract, and had has a separate Budget Form 3 in the proposal submission. **DO NOT COMBINE MULTIPLE PROGRAMS INTO A SINGLE PROGRAM REVENUE AND EXPENSE SCHEDULE.**

#### Specific Instructions

**Actual.** In the column labeled “Actual”, report the actual costs incurred for the program during 2013 or the fiscal period ending in 2013. Do not include costs unallowable under the allowable costs principles contained in the *Allowable Cost Policy Manual, 1999 revision, O.M.B. Circular A-122 or Code of Federal Regulations 48 CFR part 31*.

**Approved Budget.** In the column labeled “Approved Budget”, report the latest approved budget for the program, as calculated on Budget Forms 3 and 4. If you need to combine information from more than one Form 3 and Form 4 in order to encompass the entire budget for this program, **STOP.** Two or more programs have been combined in the report. The total actual expenses reported in this schedule will be compared to one and only one program budget. MONEY WILL BE OWED BACK TO MILWAUKEE COUNTY. Prepare a separate Program Revenue and Expense Schedule for each individual program.

**Variance from Budget.** In the column labeled “Variance From Budget” report the difference between the actual expenses incurred and the approved budget. Actual expenses in excess of the approved budget will be reported as positive amounts; actual expenses less than the approved budget amount will be reported as negatives.

**Revenues.** Report program revenues for all services performed in 2013 identified by the line items indicated. **DO NO COMBINE LINE ITEMS.** These line items correspond to the budget forms submitted with the original application, were part of the basis used in determining the contract amount and/or rate, and are incorporated into your contract by reference.

**Expenses.** Report program expenditures for all services performed in 2013 identified by the line items indicated. **DO NO COMBINE LINE ITEMS.** These line items correspond to the budget forms submitted with the original application, were part of the basis used in determining the contract amount and/or rate, and are incorporated into your contract by reference. As indicated in the examples previously presented, combination of line items may result in un-allowability of otherwise allowable costs.



**NAME OF AGENCY**  
**Schedule of Program Revenues and Expenses**  
**For the Year Ended December 31, 2XXX**

Program Name : \_\_\_\_\_

	<b>Actual</b>	<b>Approved Budget</b>	<b>Variance from Budget</b>
<b>Revenues:</b>			
DHHS Purchase of Service Contract	XXX	XXX	XXX
DHHS LTS Revenue (CIP/COP)	XXX	XXX	XXX
DHHS IPN/FFSN Revenues	XXX	XXX	XXX
MCDA (Aging) Revenue	XXX	XXX	XXX
Other Program Revenues	XXX	XXX	XXX
<b>Total Revenues</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
<b>Expenses:</b>			
Salaries	XXX	XXX	XXX
Employee Benefits	XXX	XXX	XXX
Payroll Taxes	XXX	XXX	XXX
Professional Fees	XXX	XXX	XXX
Supplies	XXX	XXX	XXX
Telephone	XXX	XXX	XXX
Postage and Shipping	XXX	XXX	XXX
Occupancy	XXX	XXX	XXX
Equipment Costs	XXX	XXX	XXX
Printing and Publications	XXX	XXX	XXX
Employee Travel	XXX	XXX	XXX
Conferences, Conventions, Meetings	XXX	XXX	XXX
Specific Assistance to Individuals	XXX	XXX	XXX
Membership Dues	XXX	XXX	XXX
Awards and Grants	XXX	XXX	XXX
Allocated Costs (From Indirect Cost Allocation Plan, if applicable)	XXX	XXX	XXX
Client Transportation	XXX	XXX	XXX
Miscellaneous	XXX	XXX	XXX
Depreciation or Amortization	XXX	XXX	XXX
Allocations to Agencies, Payments to affiliated Organizations	XXX	XXX	XXX
<b>Total Expenses</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
<b>Net Profit</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
<b>Allowable Profit (include calculation)</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>
<b>Net Profit in excess of Allowable Profit</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>

## 6.2.2 **Schedule of Revenue and Expenses by Funding Source**

The Schedule of Revenues and Expenses by Funding Source incorporates all revenues and expenses for Milwaukee County DAS:OPD funded programs as well as all other contracts, programs and functions of the Agency.

**Milwaukee County DAS:OPD Funded Programs.** Report the total funding from Milwaukee County DAS:OPD funded programs. If a program is partially funded by Milwaukee County DAS:OPD and partially funded by another source, it must be included here.

**Other Programs.** Report other programs, contracts and functions of the Agency that are not funded by Milwaukee County DAS:OPD. These would include Contracts with and Programs funded by Municipalities, Other Counties, the State of Wisconsin, and other Agencies. If a program is partially funded by Milwaukee County DAS:OPD and partially funded by another source, do not include it here, it must be included under “Milwaukee County DAS:OPD Funded Programs.”

**Indirect Costs.** Report all indirect costs, allocable and unallocable, in this column. **Note,** not all indirect costs are allocable to federal, state, or county funded programs.

**Total Agency.** Sum all the reported revenues and expenses from the previous columns and place the total in the final column. The amounts in the final column should agree with the Agency-wide Statement of Operations or Income Statement.

**Revenues and Expenses.** Please do not alter the line items identified in this Schedule. These line items correspond to the line items in the approved budget upon which the Contract amount and/or rate were based.

**Allocated Costs.** Report the indirect costs allocated to each program or contract in each respective columns. Report the total costs allocated to all the programs as a negative figure in the “Indirect Costs” column. When this row is summed across, the total for this line reported in the “Total Agency” column should be zero.

# SCHEDULE OF REVENUES AND EXPENSES BY FUNDING SOURCE

## NAME OF AGENCY Schedule of Revenues and Expenses By Funding Source For the Year Ended December 31, 20XX

	Milwaukee County DHHS Funded Programs						Other Programs	Indirect Cost	Total Agency
	DSD	DCSD	ESD	BHD	IPN / FFSN				
<b>Revenues:</b>									
DHHS Purchase of Service Contract	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
DHHS LTS Revenue (CIP/COP)	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
DHHS IPN/FFSN Revenues	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
MCDAA (Aging) Revenue	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Other Program Revenues	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
<b>Total Revenues</b>	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
<b>Expenses:</b>									
Salaries	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Employee Benefits	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Payroll Taxes	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Professional Fees	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Supplies	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Telephone	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Postage and Shipping	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Occupancy	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Equipment Costs	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Printing and Publications	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Employee Travel	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Conferences, Conventions, Meetings	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Specific Assistance to Individuals	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Membership Dues	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Awards and Grants	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Allocated Costs (From Indirect Cost Allocation Plan, if applicable)	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Client Transportation	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Miscellaneous	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Depreciation or Amortization	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
Allocations to Agencies, Payments to affiliated Organizations	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
<b>Total Expenses</b>	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
<b>Net Profit</b>	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
<b>Allowable Profit (include calculation)</b>	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX
<b>Net Profit in excess of Allowable Profit</b>	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX

### 6.2.3 Schedules Required by the Provider Agency Audit Guide

In addition to the above schedules, the Wisconsin Provider Agency Audit Guide has several required schedules. These schedules are also required to be included in the annual audit report by the Milwaukee County Purchase of Service Contract.

**6.2.3.1 Schedule of Expenditures of Federal and State Awards.** Follow the format and instructions contained in the *Provider Agency Audit Guide and the Purchase of Service Contract with the Milwaukee County DAS:OPD*. There are differences between the Schedule of Expenditures of Federal Awards required by *O.M.B. Circular A-133* and the Schedule of Expenditures of Federal and State Awards contained in the *Provider Agency Audit Guide*. Prepare the Schedule under the requirements of the *Provider Agency Audit Guide*.

**6.2.3.2 Incorporated. Group Home/Child Caring Institution Supplemental Schedule.** Follow the format and instructions contained in the *Provider Agency Audit Guide*. This form includes a calculation of the allowable reserve for Non-profit Agencies. **For Profit Entities are not permitted to retain a reserve under Federal or State Guidelines.** Non-profit Agencies wishing to retain a reserve **MUST** complete the reserve schedule at the bottom of the form.

**6.2.3.3 Reserve Supplemental Schedule.** Follow the format and instructions contained in the *Provider Agency Audit Guide*. Non-profit Agencies contracting for services on a prospective unit-rate basis are permitted to retain a reserve under State guidelines. **For Profit Entities are not permitted to retain a reserve under Federal or State Guidelines.** Non-profit Agencies wishing to retain a reserve **MUST** complete the reserve supplemental schedule.

**6.2.3.4 Schedule of Findings and Questioned Costs.** Follow the format and instructions contained in the *Provider Agency Audit Guide*. There are differences between the Schedule of Findings and Questioned Costs required by *O.M.B. Circular A-133* and the Schedule of Findings and Questioned Costs for audits performed in accordance with Circular A-133 contained in the *Provider Agency Audit Guide*. Prepare the Schedule under the requirements of the *Provider Agency Audit Guide*. Failure to include a Schedule of Findings and Questioned Costs consistent with the *Provider Agency Audit Guide* may result in requesting a properly prepared schedule before accepting the audit. Please refer to *Milwaukee County DEPARTMENT OF ADMINISTRATIVE SERVICES: OFFICE FOR PERSONS WITH DISABILITIES Administrative Probation Policy* regarding potential consequences if the audit is not accepted as submitted, and the auditor does not remedy the shortcomings.

## Illustration 7.4 Schedule of Expenditures of Federal and State Awards

### Example Agency Schedule of Expenditures of Federal and State Awards<sup>1</sup> For the Year Ended June 30 19X1

Federal Grantor/Pass-Through Grantor/Program or Cluster Title Expenditures	Federal CFDA Number	Pass-Through Entity Identifying Number	Federal
U.S. Department of Agriculture: Pass-Through Program From: Wisconsin Department of Health and Family Services			
Special Supplemental Food	10.557	147071, 147080	
\$350,000			
Program for Women, Infants, And Children		& 147156	(Note B) <sup>3</sup>
Total Expenditures of Federal Awards			<u>\$350,000</u>
State Grantor/Program Expenditures		State Identifying Number	State
Wisconsin Department of Health and Family Services:			
GPR Childhood Lead	na	177010	\$85,000
GPR Lead Poisoning	na	177020	<u>\$15,000</u>
Total Expenditures of State Awards			<u>\$100,000</u>

The accompanying notes are an integral part of this schedule.  
(These notes are on the following page.)

1 Additional formats for this schedule are available in the AICPA's Statement of Position 98-3 "Audits of States, Local Governments, and Not-for-Profit Organizations Receiving Federal Awards." Also, some providers prefer other formats for the schedule to better suit their circumstances and the information needs of their report users. Providers can use other formats if they include the elements for this schedule that are listed in Section 7.1.4.

2 Use the Community Aids Reporting System (CARS) profile number, purchase order number, or contract number for the Pass-Through Entity Identifying Number and the State Identifying Number.

3 If federal, state, and local funds are commingled and if the commingled portion cannot be separated to specifically identify the individual funding sources, the total amount should be included in the schedule, with a note describing the commingled nature of the funds.

## Incorporated Group Home/Child Caring Institution Supplemental Schedule

Name of facility, HSRS provider number

Period covered by the audit

1. Total units of service
2. Allowable expenses for rate-based service
  - 2a. Expenses allowable for reimbursement from the IV-E program
  - 2b. Expenses allowable for reimbursement from the XIX program
  - 2c. Other allowable expenses
  - 2d. Allowable expenses for rate-based service (line 2a plus 2b plus 2c)
3. Total revenue for rate-based service
4. Excess (deficiency) revenue over expenses (line 3 less line 2)
5. Total reserve from all prior periods (not including this period)

[illegible]

## Reserve Supplemental Schedule

Name of facility

Period covered by the audit

- |   |  |
|---|--|
| 1. Total units of service   |  |
| 2. Allowable expenses for rate-based service                        |  |
| 3. Total revenue for rate-based service                             |  |
| 4. Excess (deficiency) revenue over expenses (line 3 less line 2)   |  |
| 5. Total reserve from all prior periods (not including this period) |  |
| 6. Calculation of reserve and amounts due to purchaser:             |  |

[illegible]

## Illustration 7.9 Schedule of Findings and Questioned Costs, Continued

### Example A – An agency-wide audit in accordance with just the *Provider Agency Audit Guide*

#### Example Agency Schedule of Findings and Questioned Costs For the Year Ended June 30 19X1

##### A. Summary of Auditor's Results

##### Financial Statements

- |   |               |
|---|---------------|
| 1. Type of auditors' report issued?   | Unqualified   |
| 2. Internal control over financial reporting:                                   |               |
| a. Material weakness(s) identified?   | No            |
| b. Reportable condition(s) identified not considered to be material weaknesses? | None reported |
| 3. Noncompliance material to the financial statements noted?                    | No            |

##### B. Financial Statement Findings

No matters were reported

##### C. Other issues

- |  |       |
|--|-------|
| 1. Does the auditor have substantial doubt as to the auditee's ability to continue as a going concern?   | No    |
| 2. Does the audit report show audit issues (i.e. material non-compliance, non-material non-compliance, questioned costs, material weakness, reportable condition, management letter comment, excess revenue or excess reserve) related to grants/contracts with funding agencies that require audits to be in accordance with the <i>Provider Agency Audit Guide</i> : |       |
| Department of Health and Family Services   | Yes   |
| Department of Workforce Development  | N/A   |
| Department of Corrections  | N/A   |
| 3. Was a Management Letter or other document conveying audit comments issued as a result of this audit? (yes/no)   | No    |
| 4. Name and signature of partner   | _____ |
| 5. Date of report  | _____ |



## Illustration 7.9 Schedule of Findings and Questioned Costs, Continued

### Example B – An agency-wide audit in accordance with both the *Provider Agency Audit Guide* and OMB Circular A-133

#### Example Agency Schedule of Findings and Questioned Costs For the Year Ended June 30 19X1

#### A. Summary of Auditor's Results

##### Financial Statements

- |   |               |
|---|---------------|
| 1. Type of auditors' report issued?   | Unqualified   |
| 2. Internal control over financial reporting:                                   |               |
| a. Material weakness(s) identified?   | No            |
| b. Reportable condition(s) identified not considered to be material weaknesses? | None reported |
| 3. Noncompliance material to the financial statements noted?                    | No            |

##### Federal Awards

- | 4. Internal control over major programs:   |   |          |        |        |           |
|--|---|----------|--------|--------|-----------|
| a. Material weakness(s) identified?  | No  |          |        |        |           |
| b. Reportable condition(s) identified not considered to be material weaknesses?                                      | None reported   |          |        |        |           |
| 5. Type of auditor's report issued on compliance for major programs?   | Unqualified   |          |        |        |           |
| 6. Any audit findings discloses that are required to be reported in accordance with Circular A-133, Section .510(a)? | No  |          |        |        |           |
| 7. Identification of major programs:   |   |          |        |        |           |
| Special Supplemental Food Program for Women, Infants, and Children   | <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">CFDA No.</th> <th style="text-align: right; border-bottom: 1px solid black;">Amount</th> </tr> <tr> <td style="border-bottom: 1px solid black;">10.557</td> <td style="text-align: right; border-bottom: 1px solid black;">\$350,000</td> </tr> </table> | CFDA No. | Amount | 10.557 | \$350,000 |
| CFDA No.   | Amount  |          |        |        |           |
| 10.557   | \$350,000   |          |        |        |           |
| 8. Dollar threshold used to distinguish between Type A and Type B programs?  | \$300,000   |          |        |        |           |
| 9. Auditee qualified as low-risk auditee?  | No  |          |        |        |           |

##### B. Financial Statement Findings

No matters were reported

##### C. Federal and State Award Findings and Questioned Costs

No matters were reported

##### D. Other Issues

- |  |     |
|--|-----|
| 1. Does the auditor have substantial doubt as to the auditee's ability to continue as a going concern?   | No  |
| 2. Does the audit report show audit issues (i.e. material non-compliance, non-material non-compliance, questioned costs, material weakness, reportable condition, management letter comment, excess revenue or excess reserve) related to grants/contracts with funding agencies that require audits to be in accordance with the <i>Provider Agency Audit Guide</i> : |     |
| Department of Health and Family Services   | Yes |
| Department of Workforce Development  | N/A |
| Department of Corrections  | N/A |
| 3. Was a Management Letter or other document conveying audit comments issued as a result of this audit? (yes/no)   | No  |
| 4. Name and signature of partner   |     |
| 5. Date of report  |     |

**SECTION 7:**  
**FORMS**

## 7. FORMS

All required forms have been included in the respective sections, except linked budget forms which have been included on the CD and also available for download from Contract Administration website at: <http://county.milwaukee.gov/DASOPD2013RFP>

**SECTION 8:**  
**APPENDICES**

## 8. APPENDICES

- Department of Audit Hotline Flyer
- Designation of Confidential and Proprietary Information
- Statement of Deviations and Exceptions



## MILWAUKEE COUNTY GOVERNMENT

# H O T L I N E

**Ph: (414) 93-FRAUD – Fax: (414) 223-1895  
(933-7283)**

**Write: Department of Audit Hotline- 2711 W. Wells St., 9<sup>th</sup> Floor, Milwaukee, WI 53208  
Website: [my.execpc.com/~milcoaud](http://my.execpc.com/~milcoaud)**

**A service of the Milwaukee County Department of Audit**

### **For Reporting:**

- **Concerns over inefficient Milwaukee County government operations**
- **Incidents of fraud or waste in County government**
- **Ideas for improving efficiency and/or effectiveness of services**

**CALLERS NOT REQUIRED TO IDENTIFY THEMSELVES**

### **----- Other Numbers -----**

<b>Milwaukee County:</b>		<b>Sheriff's Department -</b>	
<b>Aging - Elder Abuse Helpline</b>	<b>414-289-6874</b>	<b>Community Against Pushers</b>	<b>414-273-2020</b>
<b>Child Support - TIPS Hotline</b>		(Anonymous Drug Reporting)	
<b>(Turn in Parents for Support)</b>	<b>414-278-5222</b>	<b>Guns Hotline</b>	<b>414-278-4867</b>
<b>District Attorney -</b>		<b>W-2 Fraud</b>	<b>414-289-5799</b>
<b>Consumer Fraud Unit</b>	<b>414-278-4585</b>	<b>City of Milwaukee:</b>	
<b>Public Integrity Unit</b>	<b>414-278-4645</b>	<b>Fraud Hotline</b>	<b>414-286-3440</b>
<b>Mental Health</b>		<b>State of Wisconsin:</b>	
<b>Crisis Hotline</b>	<b>414-257-7222</b>	<b>Child Abuse or Neglect Referrals</b>	<b>414-220-7233</b>
<b>Crisis Hotline (TTY/TDD)</b>	<b>414-257-6300</b>	<b>Wisconsin Shares Fraud Hotline</b>	<b>877-302-3728</b>
		<b>Federal:</b>	
		<b>Food Stamp Fraud</b>	<b>1-800-424-9121</b>
		<b>Medicare Fraud</b>	<b>1-800-447-8477</b>
		<b>NEW! Stimulus Package Fraud</b>	<b>1-800-424-5454</b>

(6/1/09)

## DESIGNATION OF CONFIDENTIAL AND PROPRIETARY INFORMATION

The attached material submitted in response to the 2013 Request for Proposal includes proprietary and confidential information, which qualifies as a trade secret, s provided in s. 19.36(5), Wis. Stats. Or is otherwise material that can be kept confidential under the Wisconsin Open Records Law. As such, we ask that certain pages, as indicated below, of this proposal response be treated as confidential material and not be released without our written approval.

**Prices always become public information when proposals are open, and therefore cannot be kept confidential.**

Other information cannot be kept confidential unless it is a trade secret. Trade secret is defined in s. 134.90(1)(c). Wis. Stats. As follows: "Trade secret" means information, including a formula, pattern, compilation, program, device, method, technique or process to which all of the following apply:

1. The information derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use.
2. The information is the subject of efforts to maintain its secrecy that are reasonable under the circumstances.

We request that the following pages not be released:

Section	Page #	Topic
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IN THE EVENT THE DESIGNATION OF CONFIDENTIALITY OF THIS INFORMATION IS CHALLENGED, THE UNDERSIGNED HERBY AGREES TO PROVIDE LEGAL COUNSEL OR OTHER NECESSARY ASSISTANCE TO DEFEND THE DESIGNATION OF CONFIDENTIALITY AND AGREES TO HOLD MILWAUKEE COUNTY HARMLESS FOR ANY COSTS OR DAMAGES ARISING OUT OF MILWAUKEE COUNTY'S AGREEMENT TO WITHHOLD THE MATERIALS.

Failure to include this form in the Request for Proposal may mean that all information provided as part of the proposal response will be open to examination and copying. Milwaukee County considers other markings of confidential in the proposal document to be insufficient. The undersigned agrees to hold Milwaukee County harmless for any damages arising out of the release of any materials unless they are specifically identified above.

Company Name \_\_\_\_\_

Authorized Representative \_\_\_\_\_  
Signature

Authorized Representative \_\_\_\_\_  
Type or Print

Date \_\_\_\_\_

## **STATEMENT OF DEVIATIONS AND EXCEPTIONS**

Proposer(s) has reviewed the RFP and other Requirements in their entirety and has the following exceptions and deviations:

(Please list your exceptions and deviations by indicating the section or paragraph number, and page number, as applicable. Deviations and exceptions from original text, terms, conditions, or specifications shall be described fully. Be specific about your objections to content, language, or omissions. Add as many pages as required.)



## **Instructions for Using Linked Budget Forms with Formulas**

### **General Overview:**

This budget template for the 2010 DHHS Request for Proposal links year 2010 budget forms 1 through 6. The purpose of the template is to eliminate the need to reenter data that carries to subsequent forms. This template may be used by agencies that are submitting 6 or fewer proposals to the DHHS under the 2010 RFP. If the correct sequence is used as explained below, this template will also automatically calculate the allocated indirect costs for each program for all allocation methods except those based on square footage, or a method other than those provided for on form 6. The allocated indirect costs will automatically fill the amounts for Account No. 9200 on all prior forms. **Form specific instruction for each form is provided after the general instructions.**

### **General Instructions**

- 1 Cells with a yellow background contain formulas. These cells will automatically fill from information entered on other worksheets. Please do not overwrite them.
- 2 Data should only be entered in Cells with a light turquoise background.
- 3 Agencies should fill Form 1, Form 3, Form 3S, Form 4 and Form 4S for each program separately. Six separate sets of forms have been grouped together for six separate programs. Programs are identified as E1 through E6. Each form within an identified "E" Group is linked to all other forms within the same group. e.g. Form 3SE1 is linked to Form 3E1, etc.
- 4 There is only one worksheet on the template for Forms 2, 2A, 5, 5A and Form 6. Forms 2, 2A, 5, 5A and Form 6 have six columns and can be used for up to six programs.
- 5 Order for Completing Forms:
  - a. Fill up Form 1 to provide general information such as agency name, address, fed ID no., DHHS Division, name, and number, site name, etc. and 2010, 2009 budgeted/ estimated units and 2008 Actual Costs and Units.
  - b. Then fill up Form 2A and/or Form 2 in that order. You can use the same form for up to six different programs of Milwaukee county. Please remember to use the correct code in form 2A & 2, as this will help formulas to automatically fill up the respective amounts in respective Form 2B's and 3S's.
  - c. Then fill up Form 3S separately for each program. Here you can either fill up the previous year budget details or fill up totals only in respective accounts.
  - d. Then fill up Form 4S separately for each program. Here you can either fill up the previous year budget details or fill up totals only in respective accounts.
  - e. Then fill up Form 5 and 5A, Agency wide budgets for 2008, 2009 and 2010 and indirect costs column.
  - f. Lastly fill up Form 6 filling up the respective amounts in the respective columns according to the allocation method used. And also fill up the allocation criteria for Form 6E, Form 6F and Form 6H.
- 7 For profit agencies can fill the profit % on Form 3 column 1 in the light Turquoise background cell.

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date